

L03000010335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100420227971

12/13/23--01026--004 **85.00

FILED
2023 DEC 13 AM 10:33
STATE
TALLAHASSEE, FL

13

COVER LETTER

TO: Registration Section
Division of Corporations

1951 Brandywine, LLC

SUBJECT: _____
Name of Limited Liability Company

1.03000010335

DOCUMENT NUMBER: _____

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy Patykula

Name of Person

Lighthouse Law Firm, P.A.

Name of Firm/Company

601 Heritage Drive, Suite 455

Address

Jupiter, FL 33458

City/State and Zip Code

leasingfv@gmail.com (Email for 1951 Brandywine, LLC)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy Patykula (tim@lighthouselawfirm.com)

561

530-2880

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
Lighthouse Law Firm, P.A.

_____, hereby resigns as

Name of Registered Agent

1951 Brandywine, LLC

Registered Agent for _____

Name of Limited Liability Company

103000010335

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

Timothy Patykula

Typed or Printed Name

President

Capacity

FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILED
2023 DEC 13 AM 10:33
DEPARTMENT OF STATE
TALLAHASSEE, FL

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314