L.04000011403

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ALLAHASSEE, FLORIO,

2018 MAR - 8 DV

COVER LETTER '

TO:		stration Section ion of Corporations	
SHRI	ECT:_	CENTERLINE HOMES AT GEORGET	OWN, LLC
J (1)	LC	Name of Limited Liabili	y Company
DOC	UMEN'	T NUMBER: L04000011403	
	nclosed	l Resignation of Registered Agent for a Limite	ed Liability Company and fee are submitted
Please	ereturn	all correspondence concerning this matter to	the following:
Jeffr	ey Kroi	nengold	
		Name of Person	_
		Name of Firm/Company	_
201	SE 12t	th Street, Suite 100	
		Address	_
Fort	Laudei	erdale, FL 33316	
		City/State and Zip Code	_
E	-mail add	dress: (to be used for future annual report notification)	_
For fi	ırther in	nformation concerning this matter, please call	
Jeffr	ey Kro	onengold 954	324-1718 Output Daytime Telephone Number
		Name of Person Area Cod	e Daytime Telephone Number
	sed is a ity comp ity comp	a check made payable to the Florida Departme pany or \$25.00 for an administratively dissolv	

MAILING ADDRESS:

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

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.011.	5. Florida Statutes, the	e undersigned.			
Jeffrey L Kronengold, Esquire			, hereby resigns as	5		
	Name of Registered Age	nt				
Registered Agent for _	CENTERLINE HC	MES AT GEORG	ETOWN, LLC	. .		
	Name of Lin	nited Liability Company			·	•
L04000011403						
Document N	umber, if known					
A copy of this resignat	ion was mailed to the	above listed limited li	ability company at its las	it known a	ddress.	
The agency is terminat	ed and the office disco	Signature of Resigning	ay after the date on whic	h this state	ement is	i filed.
If signing on behalf of	an entity:			בעודא ניסבטי	2018 MAR	
		Fyped or Printed Name		IL IAR VHASSI	MAR -8	1
		Capacity		r of STATE Er-Florion	8 PM 1: 2	LL C
	FILING \$ 85.00 \$ 25.00	FEES: Active limited lial Administratively of withdrawn limited	bility company dissolved/ voluntarily di d liability company		œ	

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