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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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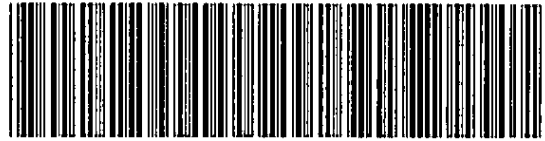
(Business Entity Name)

(Document Number)

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JUL 23 2022

Ra Resignation

JUL 23 2022

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Penthouse Properties, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L04000016478

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:

Pamela Waldorf Esq.

Name of Person

PJ Waldorf, PLC

Name of Firm/Company

515 North Flagler Drive, Suite P-300

Address

West Palm Beach, FL 33401

City/State and Zip Code

pamela@pjwaldorf.com

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

For further information concerning this matter, please call:

Pamela Waldorf

Name of Person

at (561) 659-9889
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2022 MAY 16 AM 11:19

RECEIVED

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Pamela Waldorf, Esq. _____, hereby resigns as

Name of Registered Agent

Registered Agent for Penthouse Properties, LLC _____

Name of Limited Liability Company

L04000016478 _____

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:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

FILED
2022 MAY 16 PM 11:19
TALLAHASSEE, FL
CLERK OF THE DIVISION OF CORPORATIONS