

L04000035787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

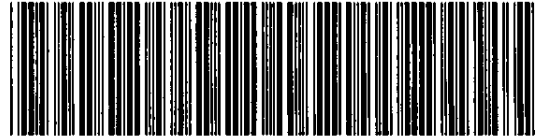
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/08/18- -01019--025 **25.00

FILED
18 MAR - 8 PM 2: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
MAR - 9 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Completed Communities II, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L04000035787

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:

Jeffrey Kronengold
Name of Person

Name of Firm/Company

201 SE 12th Street, Suite 100
Address

Fort Lauderdale, FL 33316
City/State and Zip Code

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

For further information concerning this matter, please call:

Jeffrey Kronengold at (954) 324-1718
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

FILED
18 MAR -8 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Jeffrey L. Kronengold, Esquire, hereby resigns as
Name of Registered Agent

Registered Agent for Completed Communities II, LLC

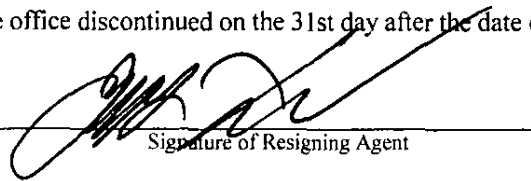
Name of Limited Liability Company

L04000035787

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