

L04 0000 45183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

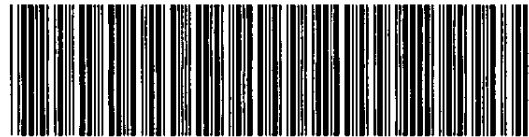
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800250168768

08/08/13--01009--008 **85.00

FILED
13 AUG -8 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 1005 NW 53 Street Property, LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: L 04 0000 45183

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:

Joe Arevreh

Name of Person

1005 NW 53 Street Property, LLC.

Name of Firm/Company

PO Box 370337

Address

Miami, FL 33137

City/State and Zip Code

D2GC HT@gmail.com

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

For further information concerning this matter, please call:

Joe Arevreh

Name of Person

at (954) 263-8211

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

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

FILED
13 AUG - 8 AM 11:35
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Henry Louden, hereby resigns as
Name of Registered Agent

Registered Agent for 1005 NW 53 Street Property, LLC.

Name of Limited Liability Company

LO4000045183
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]
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
13 AUG - 8 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA