

L04 0000 57734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

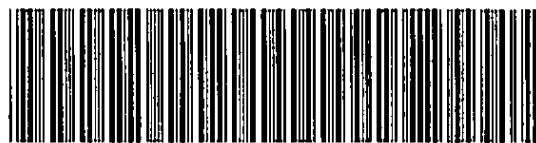
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/18/20--01027--006 **85.00

SECRETARY OF STATE
OFFICE OF CORPORATIONS
111 HANCOCK STREET
TALLAHASSEE, FL 32301

2020 MAY 18 PM 7:16

FILED

JUN 05 2020
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: South Beaches Center LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L04000057734

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:

A.J. Daddetto
Name of Person

South Beaches center LLC
Name of Firm/Company

811 Court Street
Address

Clearwater, Fl. 33756
City/State and Zip Code

info@southbeachescenter.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

A.J Daddetto (owner) at (727) 443-0775
Name of Person Area Code Daytime Telephone Number

*Leave
Manager
AS
Dr. Jorge Martinez
Medical Director*

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

A.J. Dadetto _____ hereby resigns as

Name of Registered Agent

Registered Agent for South Beaches Center LLC

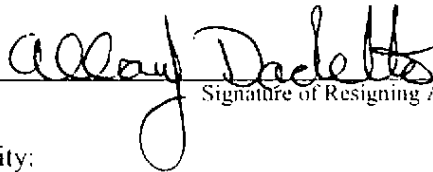
Name of Limited Liability Company

L04000057734

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:

A.J Dadetto

Typed or Printed Name

Owner SBC LLC.

Capacity

FILED
2020 MAY 18 PM 7:16
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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**