L0400059076

(Re	equestor's Name)	_
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	±#)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CM INTERNATIONAL REALTY SA	LES GROUP, LLC
DOCUMENT NUMBER: L04000059076	· · · · · · · · · · · · · · · · · · ·
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted
Please return all correspondence concerning this ma	itter to the following:
NICOLE J. HUESMANN	
Name of Person	· · · · · · · · · · · · · · · · · · ·
NICOLE J. HUESMANN, P.A.	
Name of Firm/Company	
150 ALHAMBRA CIRCLE, SUITE 1150	FILED AND 27 A R. 39 SLUANXSSEEF LORDA TALLANXSSEEF
Address	
CORAL GABLES, FL 33134	(10) (10) (10) (10) (10) (10) (10) (10)
City/State and Zip Code	
NJHUESMANN@NJHLAW.COM	
E-mail address: (to be used for future annual report notif	ication)
For further information concerning this matter, plea	se call:
NICOLE J. HUESMANN 30	05 858-0220
Name of Person at (at (ea Code Daytime Telephone Number
Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively liability company.	partment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the under	ersigned.
MARK S. SCOTT	, hereby resigns as
Name of Registered Agent	i neredy redigits the
Registered Agent for CM INTERNATIONAL REALTY SALES (GROUP, LLC
Name of Limited Liability Company	,
L04000059076	TILL ATTACK
Document Number, if known	1 2 P
A copy of this resignation was mailed to the above listed limited liability. The agency is terminated and the office discontinued on the 31st day after	
The agency is terminated and the office discontinued on the 31st day and	er the date on which this statement is filed.
Signature of Resigning Agent	
If signing on behalf of an entity:	
MARK S. SCOTT	
Typed or Printed Name Attorna Gapacity	

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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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