

LC4 000062181

(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



000360872780

03/17/21--01014--005 \*\*85.00

2021 MAR 17 PM 2:41

O SIMMONS  
MAY 19 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 600 BISCAYNE, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L04000062181

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:

Steven Reisman

Name of Person

Reisman Law Group, P.A.

Name of Firm/Company

2980 NE 207 Street, Suite 603

Address

Aventura, FL 33180

City/State and Zip Code

steven@reismanlawgroup.com

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

For further information concerning this matter, please call:

Steven Reisman

786

286-1160

Name of Person

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

Steven M. Reisman

, hereby resigns as

Name of Registered Agent

Registered Agent for 600 BISCAYNE, LLC

Name of Limited Liability Company

L04000062181

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:

Steven M. Reisman

Typed or Printed Name

Registered Agent

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withdrawn limited liability company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