L04000067503

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(Ad	dress)				
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COVER LETTER

611D 1E 6E	CENTERLINE HOMES AT	SADDLE E	3RI(DGE, LLC		
SUBJECT: Name of Limited Liability Company						
DOCUMENT	NUMBER: L04000067503					
			ited	Liability Company and fee are submitted		
Please return a	all correspondence concerning the	his matter t	o the	e following:		
Jeffrey Kron	engold					
	Name of Person					
	Name of Firm/Company					
201 SE 12th	Street, Suite 100					
	Address					
Fort Lauder	dale, FL 33316					
	City/State and Zip Code		_			
E-mail add	ress: (to be used for future annual repo	ort notification	n)			
For further inf	formation concerning this matte	r, please ca	11:			
Jeffrey Kror	nengold	954 at ()	324-1718 Daytime Telephone Number		
	Name of Person	Area Co	ode	Daytime Telephone Number		
Enclosed is a liability comp liability comp	any or \$25.00 for an administra	ida Departn tively disso	nent Ived	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited		

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

Pursuant to the provision	ons of section 605.011:	5, Florida Statutes, the u	ındersigned.			
Jeffrey Kronengold, Esquire			, hereby resigns as			
<u>.</u>	Name of Registered Ager	nt	_ , ,			
Registered Agent for _	CENTERLINE I	HOMES AT SADDL	E BRIDGE, LLC	_		
	Name of Lim	ited Liability Company				
L04000067503						
Document N	umber, if known					
A copy of this resignati	on was mailed to the a	above listed limited liab	ility company at its last	known a	ddress.	
The agency is terminate		Signature of Resigning Ag				
If signing on behalf of	an entity:			AIK.	2018	
	T	'yped or Printed Name	<u> </u>	AHASSEE, FI	2018 MAR -{	
		Capacity		Y OF STAN	8 PM 1:	! [T]
	FILING \$ 85.00 \$ 25.00	Active limited liabil	solved/ voluntarily dis	10:	28	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314