

L04 000075096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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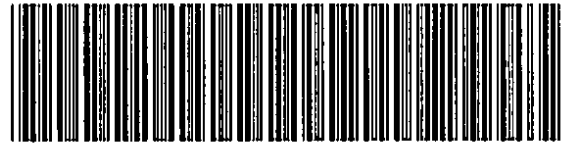
(Business Entity Name)

(Document Number)

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04/28/21--01011--004 **25.00

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2021 APR 28 AM 6:08
T. L. ... of Florida

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crosswinds at Partin Settlement, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L04000075096

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:

I. Barry Blaxberg

Name of Person

Blaxberg, Grayson, Kukoff and Forteza, P.A

Name of Firm/Company

25 SE 2nd Avenue, Suite 730

Address

Miami, FL 33131

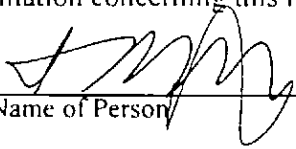
City/State and Zip Code

Barry.Blaxberg@blaxgray.com, blaxberg.assistant@blaxgray.com

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

For further information concerning this matter, please call:

I. Barry Blaxberg



Name of Person

at (305) 381-7979
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

I. Barry Blaxberg

hereby resigns as

Name of Registered Agent

Registered Agent for Crosswinds at Partin Settlement, LLC

Name of Limited Liability Company

L04000075096

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:

I. BARRY BLAXBERG

Typed or Printed Name

President - Blaxberg Grayson Kukoff Law Firm

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

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