1040000 54171

(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





100255284301

01/21/14--01027--026 **85.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 24, 2014

JONATHAN BLOOM 2295 NW CORPORATE BLVD STE 117 BOCA RATON, FL 33431

SUBJECT: CONGRESS PARK OFFICE CONDOS, L.L.C.

Ref. Number: L04000084171

We have received your document for CONGRESS PARK OFFICE CONDOS, L.L.C. and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 314A00001641

COVER LETTER

Division of Corporations
SUBJECT: CONGRESS PARK OFFICE CONDOS, L.L.C. Name of Limited Liability Company
DOCUMENT NUMBER: L04000084171
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:
Jonathan Bloom, Esq.
Name of Person
Bloom & Freeling
Name of Firm/Company
2295 N.W. Corporate Blvd. STE 117
Address
Boca Raton, FL 33431
City/State and Zip Code
JMORRISON TAKEA LEXANDET. COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Morris at (56) 988-2502
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sect	ion 608.416((2) or 608.509, Florida S	statutes, the undersign	ned,		
Jonathan Bloom, Esq. , hereby resigns as						
	Registered Ager					
Registered Agent for Congre	ss Park	Office Condos,	L.L.C.			
	Name of Lim	ited Liability Company				
L04000084171						
Document Number, if kn	own					
A copy of this resignation was ma	ailed to the a	bove listed limited liabil	lity company at its la	st known add	dress.	
The agency is terminated and the If signing on behalf of an entity:	office disco	ntinued on the 31st day a		ch this staten	nent is fi	led.
	1)	yped or Printed Name		5		
		Capacity		TALLAHASS	SE NUT 41	Sames
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabilit Administratively diss withdrawn limited lia	y company olved/ voluntarily di ability company	ssolved/		Topic

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