

12/26/2018 07:53 AM PST

TO: 18906176383 FROM: 3051233206

P2388

# LOS000023946

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H18000361668 3))



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To:

Division of Corporations  
Fax Number : (950) 617-6383

From:

Account Name : LEVINE & PARTNERS, P.A.  
Account Number : 074677601117  
Phone : (305) 372-1350  
Fax Number : (305) 372-1357

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

2018 DEC 26 AM 9:55

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RECEIVED BY STATE  
CORPORATION DIVISION

LLC REGISTERED AGENT RESIGNATION  
320 LINCOLN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T. CLINE

DEC 27 2018

EXAMINER

2018 DEC 26 AM 11:08

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Corporate Filing Menu

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

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

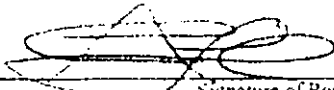
Alan W. Levine \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for 320 Lincoln, LLC \_\_\_\_\_  
Name of Limited Liability Company

L05000023946 \_\_\_\_\_  
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:

\_\_\_\_\_  
Typed or Printed Name  
\_\_\_\_\_  
Capacity

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2018 DEC 26 AM 9:55  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

### 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withdrawn limited liability company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