

LO5000040891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PHes
06/12

KOCHMAN & ZISKA PLC

Ronald S. Kochman*
Maura A. Ziska

*Also admitted in New York

Esperanté
222 Lakeview Avenue, Suite 950
West Palm Beach, Florida 33401

Telephone: (561) 802-8960
Facsimile: (561) 802-8995

May 28, 2008

Via Federal Express

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: 222 Ridgeview LLC
Document No. L05000040891

Gentlemen/Ladies:

In connection with the above matter, enclosed please find the following documentation for filing:

1. Resignation of Registered Agent for a Limited Liability Company together with our check in the sum of \$85.00 which represents payment of your filing fee.
2. Resignation of Member, Managing Member, together with our check in the sum of \$25.00 which represents payment of your filing fee.

Thank you for your kind and immediate attention to this matter.

Very truly yours,



Michele A. Easton
Paralegal

MAE/bms
Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 222 Ridgeview LLC

(Name of Limited Liability Company)

DOCUMENT NUMBER: L05000040891

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:

Maura A. Ziska, Esq.

(Name of Person)

Kochman & Ziska, PLC

(Name of Firm/Company)

222 Lakeview Avenue, Suite 950

(Address)

West Palm Beach, Florida 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

Maura A. Ziska, Esq.

(Name of Person)

at (561) 802-8960

(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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 section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Maura A. Ziska, Esq., hereby resigns as
(Name of Registered Agent)

Registered Agent for 222 Ridgeview LLC


(Name of Limited Liability Company)

L05000040891

(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)

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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TALLAHASSEE, FLORIDA