

L05000074254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

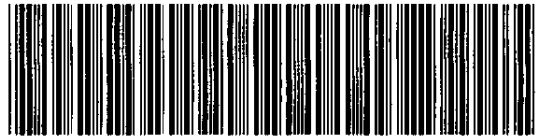
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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C.COULLIETTE

JUL 23 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 151 175th AVENUE, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L05000074254

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:

BRIAN P. DEEB
Name of Person

D & B CORPORATE SERVICES, INC.
Name of Firm/Company

5999 CENTRAL AVENUE, SUITE 202
Address

ST. PETERSBURG, FL 33710
City/State and Zip Code

brian@deeb.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian P. Deeb at (727) 384-5999
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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,

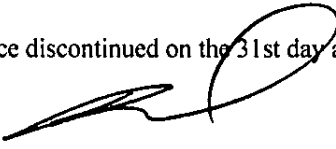
D & B CORPORATE SERVICES, INC., hereby resigns as
Name of Registered Agent

Registered Agent for 151 175th AVENUE, LLC
Name of Limited Liability Company

L05000074254
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:

BRIAN P. DEEB
Typed or Printed Name
President
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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