

LG50000 91068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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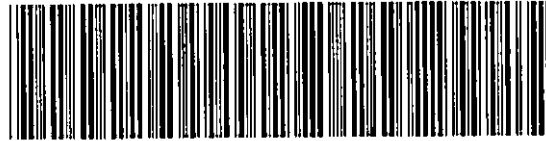
(Business Entity Name)

(Document Number)

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S. YOUNG

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2020 JAN 10 AM 7:10

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COVER LETTER

TO: Registration Section
Division of Corporations

SOUTH BAY HOLDINGS LLC

SUBJECT: _____
Name of Limited Liability Company
1.05000091068

DOCUMENT NUMBER: _____

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:

SEAN MCCLEARY

Name of Person
WALDMAN BARNETT ATTORNEYS AT LAW

Name of Firm/Company
3250 MARY STREET, SUITE 102

Address
COCONUT GROVE, FL 33133

City/State and Zip Code
EWEISSON@WEISSON.COM

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

For further information concerning this matter, please call:

ERNESTO WEISSON 305 510-3678

Name of Person at (_____) _____
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

ERNESTO WEISSON

_____, hereby resigns as

Name of Registered Agent

SOUTH BAY HOLDINGS LLC

Registered Agent for _____

Name of Limited Liability Company

1.05000091068

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

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2020 JAN 10 AM 7:10

FILED

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