

LO5000095105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

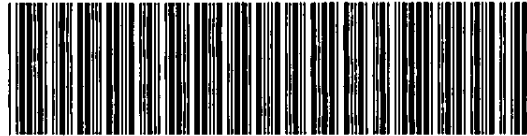
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
6-1-00-3

*APR 15 2015*  
MAR 06 2015  
MAR 06 09AM

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 56 INVESTMENTS LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L05000095105

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:

GILBERT A CONTRERAS

Name of Person

CONTRERAS & CAMACHO PA

Name of Firm/Company

141 ALMERIA AVENUE

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

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

For further information concerning this matter, please call:

GILBERT A CONTRERAS at ( 786 ) 594-0180 EXT 311

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

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

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

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

**GILBERT A CONTRERAS**

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for **56 INVESTMENTS LLC**

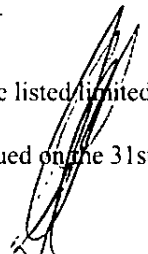
\_\_\_\_\_  
Name of Limited Liability Company

**L05000095105**

\_\_\_\_\_  
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**

**15 MAR -6 PM 1:16**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**RECEIVED**  
**AND**  
**FILED**