

L05000101536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

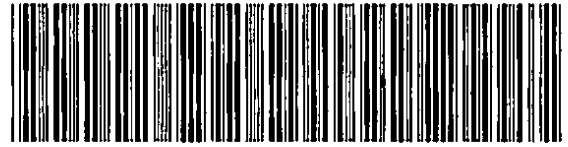
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TO: Registration Section
Division of Corporations

SUBJECT: 5295 CENTER REALTY HOLDING COMPANY, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L05000101536

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:

Jason Weiss

Name of Person

Weiss Law Group, P.A.

Name of Firm/Company

5531 N University Drive, #103

Address

Coral Springs, FL 33067

City/State and Zip Code

rferrara@ferrarabuckworth.com

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

For further information concerning this matter, please call:

Robert Ferrara

at (973) 857-8800

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Weiss Law Group, P.A. _____, hereby resigns as
Name of Registered Agent

Registered Agent for 5295 CENTER REALTY HOLDING COMPANY, LLC

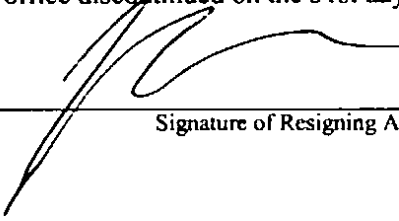
Name of Limited Liability Company

L05000101536

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:

Jason S. Weiss

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

2021 DEC 27 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FL 32314