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To:		
	Division of Co	rporations
	Fax Number	: (850)617-6383
From:		
	Account Name	: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
	Account Number	
	Phone	: (800)221-2972
	Fax Number	: (917)243-5843
		5 8 -
•Enter t	the email address	s for this business entity to be used for future.
ann	ual report maili	ngs. Enter only one email address please.**
Ema	il Address:	ం: గు

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LLC REGISTERED AGENT RESIGNATION MIDLAND REALTY NAPLES LLC

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COVER LETTER

TO: Registration Section Division of Corporations

DOCUMENT NUMBER: L05000116476

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:

TRACEE COTTON

Name of Person

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Name of Firin/Company

100 WALL STREET, SUITE 503

Address

NEW YORK, NY 10005

City/State and Zip Code

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

For further information concerning this matter, please call:

TRACEE COTTON	800	221-2972 N1550
	_ at ()
Name of Person	Area Co	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INUS17 (2/44)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Name of Registered Agent

Registered Agent for MIDLAND REALTY NAPLES LLC

FILE PH 5: 12

Name of Limited Liability Company

L05000116476

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.

If signing on behalf of an entity;

MARY BROOKS

Typed or Printed Name

ASSISTANT SECRETARY

Capacity

FILING FEES: \$ 85.00 Active \$ 25.00 Admin Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

, hereby resigns as

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

INHS17 (2/14)