

L05000/16574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

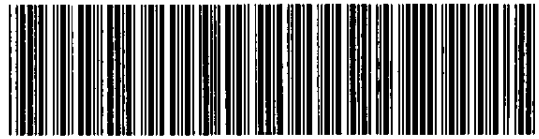
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100168472291

02/23/10--01016--013 **85.00

FILED

2010 FEB 23 P 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Resign
Tewis
2-25-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Enterprise Plaza, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L05000116574

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:

Scott M. Dimond
Name of Person

Dimond Kaplan + Rothstein, P.A.
Name of Firm/Company

2665 South Bayshore Drive, Penthouse 2B
Address

Miami, FL 33133
City/State and Zip Code

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

For further information concerning this matter, please call:

Suzanne VanLickig at (561) 833-7898
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

David S. Pressly, hereby resigns as
Name of Registered Agent

Registered Agent for Enterprise Plaza, LLC

Name of Limited Liability Company

LO5000116574
Document Number, if known

FILED
2000 FEB 23 P 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

David S. Pressly
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