

LD6000008320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

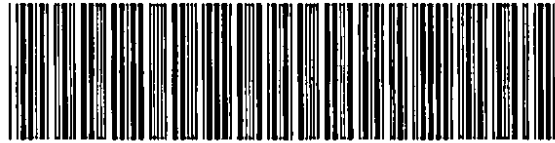
(Business Entity Name)

(Document Number)

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01/17/18--01047--008 **25.00

18 JAN 17 PM 2:19

3 DIVISIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPG Florida LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000008320

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:

Matthew H Gilbert

Name of Person

Name of Firm/Company

P O Box 13796

Address

Tallahassee, FL 32317-3796

City/State and Zip Code

mgilbert@cricpa.com

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

For further information concerning this matter, please call:

Matthew H Gilbert

Name of Person

at (850) 878-8777
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Matthew H Gilbert

, hereby resigns as

Name of Registered Agent

Registered Agent for SPG Florida LLC

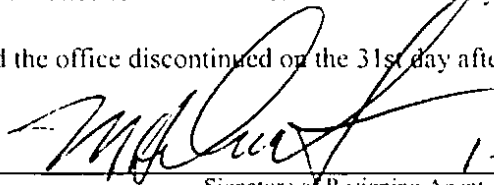
Name of Limited Liability Company

L06000008320

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.


1-10-18
Signature of Resigning Agent

18 JAN 17 PM 2:19
STATE OF FLORIDA
DEPARTMENT OF STATE

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**