| (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: |
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jev , <u>1014</u>

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provision | ons of section 605.011 | Florida Statutes, the und | ersigned. | |
|------------------------------------|------------------------|---|-----------------------------------|-------|
| United Corporate Services, Inc. | | | , hereby resigns as | |
| | Name of Registered Age | | _ (| |
| Registered Agent for _ | Brothers Realty I | LLC | | _ |
| | Name of Lin | nited Liability Company | | · |
| L06000010737 | | | | |
| Document N | Sumber, if known | | | |
| | | | y company at its last known addre | |
| | United Corporate | Services, Inc. | | |
| | BY: M | Signature of Resigning Agent | | 3 |
| If signing on behalf of an entity: | | | , | |
| | Michael A. Barr | | 7019 NOY - 4 | , , , |
| | , | Typed or Printed Name | | , |
| | President | | | |
| | | Capacity | 19:52 | |

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

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ withdrawn limited liability company

FILING FEES: