

L06000059479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan AUG 23 2013

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NE 164TH STREET HOLDINGS, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L06000059479

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:

DAVID FREEDMAN

Name of Person

COFFEY BURLINGTON

Name of Firm/Company

2699 SOUTH BAYSHORE DRIVE, PH

Address

MIAMI, FL 33133

City/State and Zip Code

dfreedman@coffeyburlington.com

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

For further information concerning this matter, please call:

DAVID FREEDMAN at **(305) 858-2900**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

COFFEY BURLINGTON

, hereby resigns as

Name of Registered Agent

Registered Agent for **NE 164TH STREET HOLDINGS, LLC**

Name of Limited Liability Company

L06000059479

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:

DAVID A. FREEDMAN

Typed or Printed Name

ATTORNEY

Capacity

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TALLAHASSEE, FLORIDA

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withdrawn limited liability company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