

L06000097122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

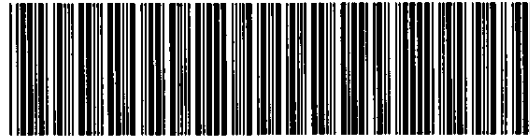
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 DEC -9 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 10 2013

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Resignation of Registered Agent

Name of Limited Liability Company

DOCUMENT NUMBER: 1216 Hollywood, LLC

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:

Jeannette Blanco

Name of Person

1216 Hollywood, LLC

Name of Firm/Company

7091 Taft St

Address

Hollywood, Fl. 33024

City/State and Zip Code

BlancoJeannette@yahoo.com

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

For further information concerning this matter, please call:

Jeannette Blanco

Name of Person

at (**305**) **302-3602**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Candice Marquina, hereby resigns as
Name of Registered Agent

Registered Agent for 1216 Hollywood LLC

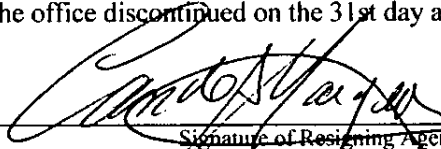
Name of Limited Liability Company

L06000097177

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:

Candice Marquina
Typed or Printed Name
Registered Agent
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

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TALLAHASSEE, FLORIDA