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## **COVER LETTER**

TO: Amendment Section Division of Corporations

 $_{
m SUB}_{
m ECT.}$ LONGVIEW HOUSE, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L06000115024

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:

Steven L. Daniels, Esq.

Name of Person

Arnstein & Lehr LLP

Name of Firm/Company

515 N. Flagler Drive, Ste 600

Address

West Palm Beach, FL 33401

City/State and Zip Code

sldaniels@arnstein.com

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

For further information concerning this matter, please call:

Jane Lincoln

<sub>at (</sub>561 \ 833-9800

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 $60$	8.509, Florida Statutes, the undersigned,
Steven L. Daniels, Esq.	, hereby resigns as
Name of Registered Agent	,,,,
Registered Agent for LONGVIEW HOUSE	E, LLC
Name of Limited Liabi	lity Company
L06000115024	SSE W I
Document Number, if known	E.F.O.
A copy of this resignation was mailed to the above lis	ted limited liability company at its last know address
The agency is terminated and the office discontinued	on the 31st day after the date on which this statement is filed.
Signatur	re of Résigning Agent
If signing on behalf of an entity:	
Typed or Pr	rinted Name
Capaci	ity

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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