

200276077692

(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:

Office Use Only



200276077692

08/17/15--01045--026--255.00

FILED
AUG 17 AM 11:50
TREASURY OF STATE
TALLAHASSEE, FLORIDA

AUG 18 2015

S. YOUNG

SMITH | OROPEZA | HAWKS
ATTORNEYS AT LAW

August 14, 2015

Registration Section
Division of Corporations
P.O. box 6327
Tallahassee, Florida 32314

FILED
15 AUG 17 AM 11:50
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RE: Statements of Resignation of Registered Agent for Limited Liability Companies

To Whom It May Concern:

Enclosed please find the following original documents in connection with the above-captioned matter:

1. Cover letter and Statement of Resignation of Registered Agent for a Limited Liability Company for DC 726 JV LLC;
2. Cover letter and Statement of Resignation of Registered Agent for a Limited Liability Company for DC718 JV LLC; and
3. Cover letter and Statement of Resignation of Registered Agent for a Limited Liability Company for DC720JV, LLC.

In addition, also enclosed please find our Firm's check (Check No. 4497) in the amount of \$255.00, made payable to the Florida Department of State, representing the filing fees for active limited liability companies (\$85.00 per filing).

Sincerely,



Linda Roberman
Paralegal

LLR/me
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DC726 JV LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L06000119920

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:

BARTON W. SMITH, ESQ.

Name of Person

SMITH OROPEZA HAWKS, P.L.

Name of Firm/Company

138-142 SIMONTON STREET

Address

KEY WEST, FL 33040

City/State and Zip Code

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

For further information concerning this matter, please call:

CHRISTOPHER B. DEEM, ESQ.

Name of Person

at (305)

Area Code

296-7667

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
15 AUG 17 PM 11:50
SECRETARY OF STATE
TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

BARTON W. SMITH, ESQ.

, hereby resigns as

Name of Registered Agent

Registered Agent for **DC726 JV LLC**

Name of Limited Liability Company

L06000119920

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:

Typed or Printed Name

Capacity

FILED
15 AUG 17 AM 11:50
SECRETARY OF STATE
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