

LOT 000005037

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TALLAHASSEE, FL 32310

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**CAPITOL  
SERVICES**

**Resignation of Registered Agent for a  
Limited Liability Company**

**Capitol Corporate Services, Inc.**  
PO Box 1831  
Austin, TX 78767  
Phone: 800-345-4647 Fax: 800-432-3622  
regagent@capitol-services.com

**Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**DATE:** 1/9/2014  
**STATE:** FLORIDA  
**REP UNIT:** NEW BROAD STREET REALTY,  
LLC

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 24698 in the amount of \$85.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc  
PO Box 1831  
Austin, TX 78767

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TALLAHASSEE, FLORIDA

Capitol Corporate Services, Inc.  
Registered Agent Services



24-30852H

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NEW BROAD STREET REALTY, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L07000005037

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:

Rhonda Peirce  
Name of Person

Capitol Corporate Services, Inc. - Registered Agent Dept.  
Name of Firm/Company

800 Brazos Ste 400  
Address

Austin TX 78701  
City/State and Zip Code

rpeirce@capitol-services.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rhonda Peirce at ( 800 ) 345-4647  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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TALLAHASSEE, FL  
SECRETARY OF STATE

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Capitol Corporate Services, Inc., hereby resigns as  
Name of Registered Agent

Registered Agent for

NEW BROAD STREET REALTY, LLC  
Name of Limited Liability Company

L07000005037  
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:

Jason Fischer  
Typed or Printed Name  
Assistant Secretary  
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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FALL GUYARD