L0700000016747

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SEURETARY OF STATE
DIVISION OF CORPORATIONS

C.L.2-14



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 5, 2014

LAURA ANTHONY / LEGAL & COMPLIANCE LLC 330 CLEMATIS ST SUITE 217 WEST PALM BEACH, FL 33401 US

SUBJECT: EUREKA MIAMI PARTNERS, LLC

Ref. Number: L07000026747

We have received your document for EUREKA MIAMI PARTNERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 414A00025727

Carolyn Lewis
Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: EUREKA MIAMI PARTN	ERS, LLC	
	•	y Company
DOCUMENT NUMBER: L07000026		
The enclosed Resignation of Registered for filing.	Agent for a Limite	d Liability Company and fee are submitted
Please return all correspondence concern	ning this matter to t	he following:
LAURA ANTHONY, ESQ.		
Name of Person		_
LEGAL & COMPLIANCE, LLC		
Name of Firm/Compan	ıy	<u></u>
330 CLEMATIS STREET, STE. 217	,	
Address		_
WEST PALM BEACH, FL 33401		
City/State and Zip Cod	e	_
E-mail address: (to be used for future annu	al report notification)	_
For further information concerning this	matter, please call:	
LAURA ANTHONY, ESQ.	561	514-0936 Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the liability company or \$25.00 for an admi liability company.	: Florida Departmen nistratively dissolv	nt of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn limited

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Sta	atutes, the undersigned,
LAURA ANTHONY, ESQ.	, hereby resigns as
Name of Registered Agent	,,,,,,
Registered Agent for EUREKA MIAMI PARTNERS	, LLC
Name of Limited Liability C	ompany ,
L07000026747	
Document Number, if known	
A copy of this resignation was mailed to the above listed I	imited liability company at its last known address.
The agency is terminated and the office discontinued on the	ne 31st day after the date on which this statement is filed.
If signing on behalf of an entity:	SECRETARY SECRETARY NVISION OF CO
Typed or Printed	Name PH REPORAL
Capacity	2L

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