L07000028382

	Requestor's Name)		
(.	Address)		
(.	Address)		
(1	City/State/Zip/Phone #)		
PICK-UP	☐ WAIT ☐ MAIL		
((Business Entity Name)		
(1	Document Number)		
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
	J. HORNE		
	NOV - 5 2024		





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10/18/24--01009--007 **85.00

COVER LETTER

SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: 1.07000028382	Company
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he following:
GARY S. PHILLIPS	
Name of Person	-
PHILLIPS LAW	
Name of Firm/Company	-
4000 HOLLYWOOD BLVD #500N	
Address	-
HOLLYWOOD FLORIDA 33021	
City/State and Zip Code	-
gphillips@phillipslawyers.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
TINA TRIPPE 954	966-1820
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

GARY S. PI	HILLIPS		23,
	Name of Registered Agent	, hereby resigns as	
Registered Agent for	58 STREET, LLC		· · · · · · · · · · · · · · · · · · ·
	Name of Limited Liability Con	npany	,
L07000028382			
Document l	Number, if known		
		ited liability company at its last known a	
The agency is termina	Signature of Res	31st day after the date on which this state	ement is filed.
If signing on behalf of	an entity:		
	Gary S. Phillips		
	Typed or Printed N	nne	
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

COVER LETTER

SUBJECT: 58 STREET, LLC		
	Name of Limited Liability	Company
DOCUMENT NUMBER: L070000	028382	
The enclosed Resignation of Regis for filing.	tered Agent for a Limited	Liability Company and fee are submitted
Please return all correspondence co	oncerning this matter to th	ne following:
GARY S. PHILLIPS		
Name of Pers	son	
PHILLIPS LAW		
Name of Firm/Co	ompany	
4000 HOLLYWOOD BLVD #500N		
Address		
HOLLYWOOD FLORIDA 33021		
City/State and Zip	p Code	
gphillips@phillipslawyers.com		
E-mail address: (to be used for futur	e annual report notification)	
For further information concerning	this matter, please call:	
TINA TRIPPE	954 at (966-1820
Name of Person		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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.011	5, Florida Statutes, the un	dersigned,	Gr. C
GARY S. PHILLIPS			, hereby resigns as	
	Name of Registered Agent			
Registered Agent for	58 STREET, LLC	.		
	Name of Lin	nited Liability Company		,
L07000028382				
Document 1	Number, if known			
		above listed limited liabili ontinued on the 31st day at		
		Signature of Resigning Agen	ıt.	
If signing on behalf of	an entity:			
	Gary S. Phillips			
		Typed or Printed Name		
		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