

L07000082766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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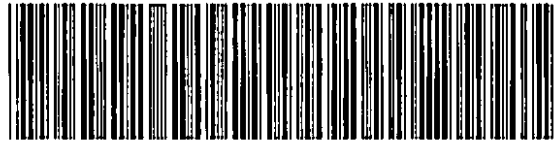
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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FEB 19 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4605 GEORGIA, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L07000082766

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:

LINDA CONE

Name of Person

HAILE SHAW & PFAFFENBERGER, P.A.

Name of Firm/Company

660 US HIGHWAY ONE

Address

NORTH PALM BEACH, FLORIDA 33408

City/State and Zip Code

LCONE@HAILESHAW.COM

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

For further information concerning this matter, please call:

LINDA CONE

at (561) 627-8100

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 Statutes, the undersigned.

HAILE SHAW & PFAFFENBERGER, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for 4605 GEORGIA, LLC

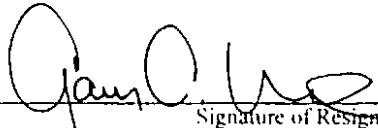
Name of Limited Liability Company

L07000082766

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:

GARY WOODFIELD, ESQ.

Typed or Printed Name

partner
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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DIVISION OF CORPORATIONS
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