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COVER LETTER

Division of Corporations
SUBJECT: BY adway Name of Limited Liability Company DOCUMENT NUMBER: 6800012737
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:
Edgar A Duran Name of Person
231 Broadway LLC Name of Firm/Company
231 Brocerway
Kissimule Fl 34741 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Edgar ADuran at (407, 301-420) Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:

TO:

Amendment Section

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

STREET ADDRESS:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions of se	ction 608.416(2) or	r 608.509, Florid	la Statutes, the under	rsigned,	
Jasmin	1 Per	e 7	, hereby resig	gns as	
Name o	f Registered Agent			110	
Registered Agent for	231	Brook	adway	CCC	
	Name of Limited L	iability Company			
LOSOOO O Document Number, if	Π737				
A copy of this resignation was r	nailed to the above	listed limited li	ability company at it	s last known addr	ess.
The agency is terminated and th	e office discontinu	ed on the 31st d	av after the date on v	which this stateme	ent is filed
	Comi	nature of Resigning	2	10 JUL	
If signing on behalf of an entity	:			78	_ 7
				Enc.	E III
	Typed o	or Printed Name		- FEE	, D
	Ca	pacity			

\$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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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