

Division of Corporations

Page 1 of 1

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : RASCO KLOCK PEREZ & NIETO, P.L.
Account Number : 104076000124
Phone : (305) 476-7100
Fax Number : (305) 476-7102

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**LLC REGISTERED AGENT RESIGNATION
TROPICAL LIVING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

FILED
2015 JUN 18 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

15 JUN 18 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 19 2015

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H150001498863

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TROPICAL LIVING LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L08000040078

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:

Ramon E. Rasco

Name of Person

Rasco Klock Perez Nieto

Name of Firm/Company

2555 Ponce De Leon Blvd.

Address

Coral Gables, FL 33134

City/State and Zip Code

RRasco@Rascoklock.com

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

For further information concerning this matter, please call:

Ramon E. Rasco

Name of Person

at (305) 476-7100

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

H15000149886 3

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

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

MIAMI CORPORATE SYSTEMS, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for **TROPICAL LIVING LLC**

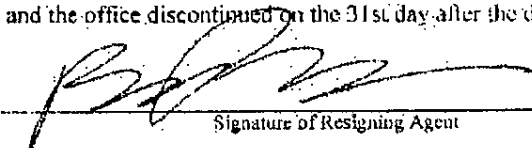
Name of Limited Liability Company

L08000040078

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:

RAMON E. RASCO

Typed or Printed Name

MANAGER

Capacity

2015 JUN 18 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FILING FEES:

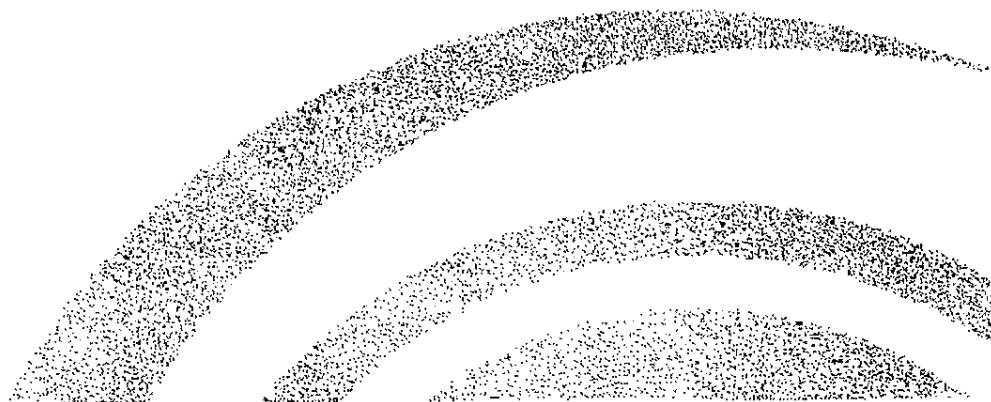
\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To: Page 6 of 8

6/18/2015 13:42:10 GMT

13056752970 From: Marta Perez



To: Page 7 of 8

6/18/2015 13:42:10 GMT

13056752970 From: Marta Perez



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