

LO8000042885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

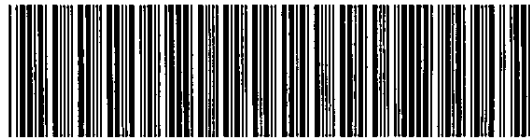
(Business Entity Name)

(Document Number)

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SEP - 9 2015

T. HAMPTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 500 EXEC LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L 08000042885

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:

CHRISTOPHER R. GRAEVE  
Name of Person

500 EXEC LLC  
Name of Firm/Company

7741 N. MILITARY TRAIL, SUITE 1  
Address

PALM BEACH GARDENS, FL 33410  
City/State and Zip Code

chris@prodigycap.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRIS GRAEVE at (561) 855-2037  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

15 SEP -9 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 12, 2015

CHRISTOPHER R GRAEVE  
7741 N MILITARY TRL  
STE 1  
PALM BEACH GARDENS, FL 33410

SUBJECT: 500 EXEC LLC  
Ref. Number: L08000042885

We have received your document for 500 EXEC LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 015A00017030

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

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

**Brian T. Heady**

, hereby resigns as

Name of Registered Agent

Registered Agent for **500 EXEC LLC**

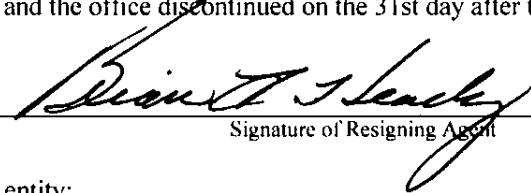
Name of Limited Liability Company

**L08000042885**

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:

**BRIAN T. HEADY**

Typed or Printed Name

**MGRM**

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

**FILED**  
15 SEP -9 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA