

LOS000090040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

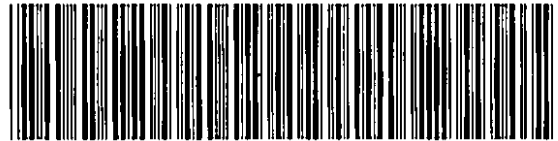
(Business Entity Name)

(Document Number)

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SECTIONS  
JUL 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SSCO County 579 Tampa, LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000090040

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:

Steven J. Schafer

\_\_\_\_\_  
Name of Person

Schafer Development LLC

\_\_\_\_\_  
Name of Firm/Company

29800 Middlebelt Road, Suite 150

\_\_\_\_\_  
Address

Farmington Hills, MI 48334

\_\_\_\_\_  
City/State and Zip Code

steve@schafer-dev.com

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

For further information concerning this matter, please call:

Steven J. Schafer

\_\_\_\_\_  
Name of Person

at ( 248 ) 932-7500 x1

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Frank L. Hearne, Esq.

, hereby resigns as

Name of Registered Agent

Registered Agent for SSCO County 579 Tampa, LLC

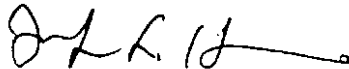
Name of Limited Liability Company

L08000090040

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:

Frank L. Hearne

Typed or Printed Name

Registered Agent

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  
18 AUG -6 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA