

L08000097760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

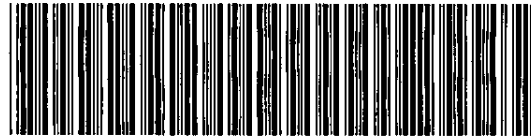
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200253968292

12/23/13--01050--014 **85.00

↓ Shivers DEC 30 2013

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sky Realty by Mirax LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L08000097760

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:

Alla Nikulaicheva

Name of Person

Sky Concierge by Mirax LLC

Name of Firm/Company

6109 Laguna Dr West

Address

Miami Beach, FL 33141

City/State and Zip Code

allanikul@yahoo.com

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

For further information concerning this matter, please call:

Alla Nikulaicheva

Name of Person

at (305) 608-6203

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

STREET ADDRESS:

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 section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Alla Nikulaicheva

, hereby resigns as

Name of Registered Agent

Registered Agent for **Sky Realty by Mirax LLC**

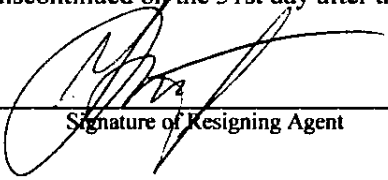
Name of Limited Liability Company

L08000097760

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:

Typed or Printed Name

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