

6/12/2017 Jun. 12. 2017 10:26 AM

Division of Corporations

No. 681 P. 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 : INCORPORATING SERVICES FL  
Account Number : 120050000052  
Phone : (850)656-7956  
Fax Number : (850)656-7953

**\*\*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  
UNIT 1817, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$85.00 |

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Corporate Filing Menu

Help

S. WARREN

JUN 13 2017



June 12, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

UNIT 1817, LLC  
C/O JOSEPH BRAUN  
52 WEST 69TH STREET, APT. 2A  
NEW YORK, NY 10023

SUBJECT: UNIT 1817, LLC  
REF: L08000100670

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Wrong form. Please download the Resignation form from the Florida LLC forms.

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.

Deborah Bruce  
Regulatory Specialist III

FAX Aud. #: H17000155324  
Letter Number: 617A00011780

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Jun. 12. 2017 10:26AM

No. 0681 P. 3

**COVER LETTER**

H17000156587 3

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UNIT 1817, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000100670

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:

PHYLLIS D. BROWN

Name of Person

INCORPORATING SERVICES, LTD.

Name of Firm/Company

3500 SOUTH DUPONT HIGHWAY

Address

DOVER, DE 19901

City/State and Zip Code

RADIV@INCSERV.COM

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

For further information concerning this matter, please call:

PHYLLIS D. BROWN

Name of Person

at ( 800 ) 346-4646

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

Jun. 12. 2017 10:27AM

No. 0681 P. 4  
H17000156587 3

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

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

INCORPORATING SERVICES, LTD.

OF

, hereby resigns as

Name of Registered Agent

Registered Agent for UNIT 1817, LLC

Name of Limited Liability Company

L08000100670

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.

*Phyllis D. Brown*  
Signature of Resigning Agent

If signing on behalf of an entity:

PHYLLIS D. BROWN

Typed or Printed Name

ASSISTANT SECRETARY

Capacity

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### FILING FEES:

|          |   |
|----------|---|
| \$ 85.00 | Active limited liability company  |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/<br>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