## 1080001111109

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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RA Risignation

JAN 0 9 2020

D CUSHING

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: TEEKOY PROPERTIES			
(Name of Corporation DOCUMENT NUMBER: L108000111709	ation)		
The enclosed Resignation of Registered Agent for a Corpo	oration and fee are submitted for	filing.	
Please return all correspondence concerning this matter to	the following:		
Jay Persad (Name of Person)	_		2
(Name of Firm/Company)	<del></del>	19 NOV 2	18 NG 18 전 18 18 18 18 18 18 18 18 18 18 18 18 18 1
2701 Riverside Dr Apt 506	_	26 PH	- 008
Coral Springs, FL 33065		15:51	STATE
(City/State and Zip Code)  For further information concerning this matter, please call	:		IJ1
Jay Persad at (954 (Area Coo	) 868-3634 de & Daytime Telephone Number)		
•	•		

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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

Pursuant to the provision:	s of section 605.0115, Florida Statutes, the undersigned.	
Jay Persad	, hereby resigns a	as
	Name of Registered Agent	
Registered Agent for	EKOY PROPERTIES LLC	
<b>5</b>		<del></del>
	Name of Limited Liability Company	,
L08000111709		
Document Nun	nber, if known	
A copy of this resignation	was mailed to the above listed limited liability company at its la	st known address.
The agency is terminated	and the office discontinued on the 31st day after the date on which	ch this statement is filed.
	(Signature of Resigning Agent)	1 V
If signing on behalf of an	entity:	SECRETÁR VISION OF A 19 NOV 26
	Typed or Printed Name	
	Capacity	STATE ORATION 5: 51
	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily di withdrawn limited liability company	ssolved/

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