

LO900000 4122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

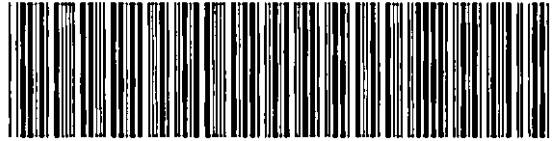
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500316412155

08/06/18--01015--002 \*\*250.07

FILED  
18 AUG -6 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATIONS  
AUG 11 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Schafer Main Street, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000004122

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Schafer Main Street, LLC

Name of Limited Liability Company

L09000004122

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

FILED  
18 AUG -6 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **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