# LD900005298

| (Re                                     | equestor's Name)   |  |  |
|---|--------------------|--|--|
| (Ad                                     | ldress)            | <u>.                                    </u> |  |
| (Ad                                     | ldress)            |  |  |
| (Cit                                    | ty/State/Zip/Phone | e #)   |  |
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#### COVER LETTER

| Name of Person  | Area Code           | Daytime Telephone Number                  |
|---|---------------------|---|
| Mitchell Pacifico                                     | 718<br>at (         | 983-5984                                  |
| For further information concerning this mat           | tter, please call:  |   |
| E-mail address: (to be used for future annual re      | eport notification) | -   |
| mitchellpacificosa aol.com                            |                     |   |
| City/State and Zip Code                               |                     | _   |
| Staten Island, New York 10134                         |                     |   |
| Address   |                     | -   |
| 300 West Service Road #2                              |                     |   |
| Name of Firm Company                                  |                     | -   |
| Wilbur Properties, LLC                                |                     |   |
| Name of Person  |                     | -   |
| Mitchell Pacifico                                     |                     |   |
| Please return all correspondence concerning           | g this matter to t  | he following:                             |
| The enclosed Resignation of Registered Ag for filing. | gent for a Limite   | d Liability Company and fee are submitted |
| DOCUMENT NUMBER: L09000005298                         |                     |   |
|   | f Limited Liability | Company                                   |
| Wilbur Properties, ELC SUBJECT:                       |                     | _   |
| Division of Corporations                              |                     |   |
| TO: Registration Section                              |                     | <u> </u>                                  |

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303

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

| Pursuant to the provi   | sions of section 605.0115, Florida Statutes, t   | ne undersigned.                              |                             |
|-------------------------|--|--|-----------------------------|
| Christina Harris Schw   | ากธ  | hereby resigns as                            |                             |
|                         | Name of Registered Agent   |  |                             |
| Registered Agent for    | Wilbur Properties, LLC   |  | <del></del>                 |
|                         | Name of United Liability Company   |  | <del></del> '               |
| L09000005298            |  |  |                             |
| Documen                 | Number, if known   |  |                             |
|                         | ation was mailed to the above listed limited lated and the office discontinued on the 31st of Mark Auto Signature of Resigning | lay after the date on which this statem      | ent is filed.               |
| If signing on behalf of | of an entity:  | <u>-                                    </u> | 7022 CEC                    |
|                         | Pavese Law Firm  | - F1<br>-1<br>1 IV                           | 1 12.42<br>CD 1777<br>Ltt 1 |
|                         | Typed or Printed Name Partner Capacity   | SY OF STATE                                  | -8 PH 3: 16                 |

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