

L090000 26158

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(Business Entity Name)

(Document Number)

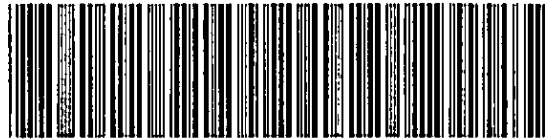
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2021 NOV 15 PM 4:10
SECRETARY OF STATE
TAHLEIGH, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arlington Properties of Jacksonville, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: LO90000026158

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:

Katherine Naugle
Name of Person

Schnauss Naugle Law
Name of Firm/Company

810 Margaret St.
Address

Tax. FL 32204
City/State and Zip Code

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

For further information concerning this matter, please call:

Katherine Naugle at (904) 366-2703
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

2021 NOV 15 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FL

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

Naugle and Smith P.L.

Name of Registered Agent

, hereby resigns as

Registered Agent for Arlington Properties of Jacksonville LLC

Name of Limited Liability Company

LO9000026158

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 Naugle & Smith

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withdrawn limited liability company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