

LC9000027639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

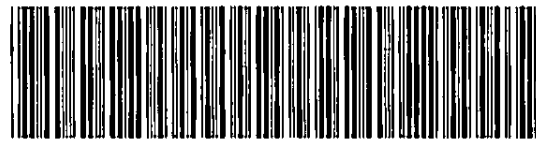
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600319201706

10/15/18--01007--023 **25.00

FILED
18 OCT 15 PM 5:15
TALLAHASSEE, FLORIDA

K SALY

OCT 24 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3109 Plaza LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000027639

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:

Richard J O'Hare
Name of Person

Richard J O'Hare PA
Name of Firm/Company

1550 Madruga Ave. Suite 120
Address

Coral Gables, FL 33146
City/State and Zip Code

richardjohare@rjoharelaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard J O'Hare at (305) 661-4600 Ext 105
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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,

Richard J O'Hare Professional Association

Name of Registered Agent

, hereby resigns as

Registered Agent for 3109 Plaza LLC

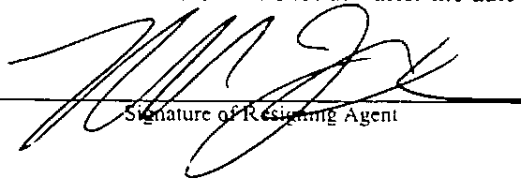
Name of Limited Liability Company

L09000027639

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:

Richard J O'Hare PA

Typed or Printed Name

President

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

FILED
18 OCT 15 PM 5:20
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF STATE