

L09000058777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

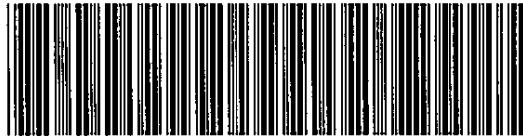
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 08 2016
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2016

MARCIE CONNORS
1340 GULF BLVD, 5E
CLEARWATER, FL 33767

SUBJECT: 91 HILL AVENUE, LLC.
Ref. Number: L09000058777

We have received your document for 91 HILL AVENUE, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To resign as registered agent for an active limited liability company, the enclosed resignation form should be completed and returned with a filing fee of \$85.00.

There is a balance due of \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 516A00017033

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 91 Hill Avenue, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 27-0852356

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:

MARIE CONNORS
Name of Person

91 Hill Avenue, LLC
Name of Firm/Company

1340 Gulf Blvd., SE
Address

Clearwater, FL 33767
City/State and Zip Code

tjconnors@verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIE CONNORS at (813) 920-4198
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\$85.00 for an active limited liability company of \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

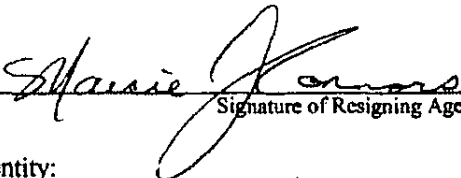
MARCI E CONNORS, hereby resigns as
Name of Registered Agent

Registered Agent for 91 Hill Avenue, LLC
Name of Limited Liability Company

LD9000058777
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:

MARCI E CONNORS
Typed or Printed Name
Registered Agent
Capacity

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00 Active limited liability company
X \$ 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