

LOG000065254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

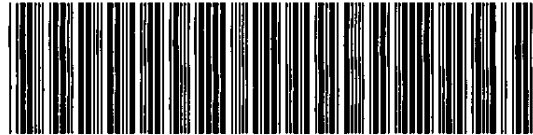
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700287341957

07/19/16--01002--025 **85.00

FILED

2016 JUL 18 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JUL 19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIZNER STORALL, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000065254

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:

ARTHUR MIRANDI
Name of Person

Name of Firm/Company

120 NW SPANISH RIVER BLVD.
Address

BOCA RATON, FL 33431
City/State and Zip Code

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

For further information concerning this matter, please call:

ARTHUR MIRANDI at (561) 393-7055
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

ARTHUR J. CANTER

Name of Registered Agent

Registered Agent for

MIZNER STORAU, LLC

Name of Limited Liability Company

LO9 0000 65254

Document Number, if known

FILED
2016 JUL 18 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Arthur J. Canter

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