

L090000066423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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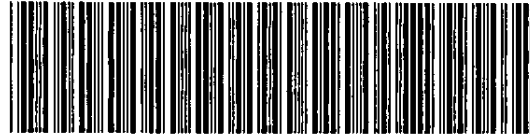
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

AUG 08 2013

D. BRUCE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sax Holdings, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000066423

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:

Anita Sax-Oppenheim, Mgr.

Name of Person

Sax Holdings, LLC

Name of Firm/Company

3700 Island Blvd., PH8

Address

Aventura, FL 33160

City/State and Zip Code

Anitasax@aol.com

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

For further information concerning this matter, please call:

Marcelo Oppenheim at (305) 905-6428

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Chapman Smith, Esq.

, hereby resigns as

Name of Registered Agent

Registered Agent for **Sax Holdings, LLC**

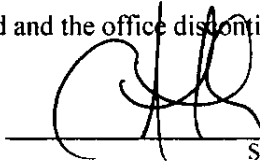
Name of Limited Liability Company

L09000066423

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:

Typed or Printed Name

Capacity

FILED
2018 AUG -7 AM 11:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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