

L09000066684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

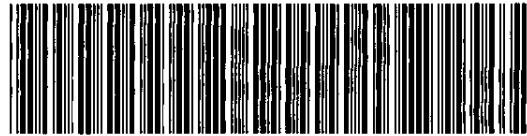
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900211305559

08/24/11--01004--002 **85.00

FILED
11 AUG 24 11 25 AM
MILWAUKEE, WISCONSIN

B. BOSTICK
AUG 25 2011
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIAMI BEVERLY LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000066684

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:

DENISE VAKNIN,
Name of Person

LIBERTY VILLAGE APARTMENTS
Name of Firm/Company

6040 N.W. 12TH AVENUE
Address

MIAMI FL 33127
City/State and Zip Code

ATM21K@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AVI VAKNIN at (914) 260-3665
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILE
11 AUG 28 PM 2:54
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,

SMITH, RENEE' M ESQ

Name of Registered Agent

, hereby resigns as

Registered Agent for MIAMI BEVERLY, LLC

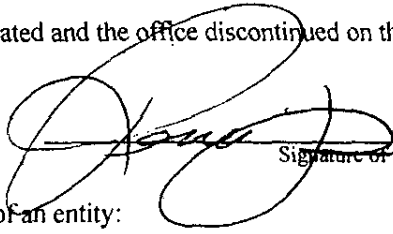
Name of Limited Liability Company

L09000066684

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:

RENEE' M SMITH, ESQ

Typed or Printed Name

Registered Agent

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

STATE
TALLAHASSEE - FLORIDA
11 AUG 24 11 21 AM
571 112

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314