

L10000117941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

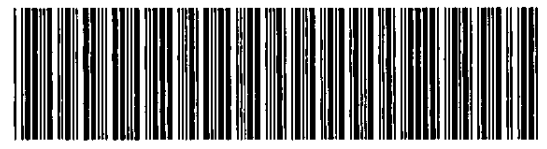
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12 MAY 23 PM 12:50
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AWAKE 114, LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: L10000117941

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:

MANUEL MARRERO, CPA.
Name of Person

LIMA, RIOS & MARRERO, PA.
Name of Firm/Company

8360 W. FLAGLER ST #200
Address

MIAMI, FL 33144
City/State and Zip Code

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

For further information concerning this matter, please call:

MANUEL MARRERO, CPA at (305) 554-7229
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

GABRIELA SCALISI

, hereby resigns as

Name of Registered Agent

Registered Agent for AWAKE 2114, LLC

Name of Limited Liability Company

L10000117941

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
12 MAY 23 PM 12:50
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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