# 111 0000 26207

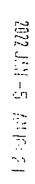
(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

6440 FLETCHER STREET LLC

SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L11000026207	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he following:
Rachel Camber, Esq.	
Name of Person	-
Markowitz Ringel Trusty & Hartog PA	
Name of Firm/Company	•
9130 S. Dadeland Blvd, Suite 1800	
Address	-
Miami, FL 33156	
City/State and Zip Code	-
rcamber@mrthlaw.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Rachel Camber, Esq. 305	670-5000
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.01	15, Florida Statutes, the t	undersigned.	
Jerry M. Markowitz. Esq.  Name of Registered Agent		, hereby resigns as	
		; hereby resigns as	
Registered Agent for 6440 Fletcher Street LL	.C		
Name of Li	imited Liability Company		·
L11000026207			
Document Number, if known	<del></del>		
A copy of this resignation was mailed to the	above listed limited liab	ility company at its last l	known address.
The agency is terminated and the office disc	continued on the 31st day	after the date on which	this statement is filed
If signing on behalf of an entity:	Manhoud Signature of Resigning Ag		2022 J.C.
	Typed or Printed Name		्र ज
	Capacity		F1 (10) 8-1

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