# 111000059412

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### **COVER LETTER**

SUBJECT:	Name of Limit	ed Liability	Company
DOCUMENT NUMBER: 1.110	00059412		
The enclosed Resignation of Refor filing.	gistered Agent fo	r a Limited	Liability Company and fee are submitted
Please return all correspondence	concerning this	matter to th	ne following:
JEFFREY A. DEUTCH			
Name of P	erson		
Nelson Mullins Riley & Scarborough	LLP		
Name of Firm/	Company		
1905 NW Corporate Boulevard, Suite	310		
Addres	SS		
Boca Raton, FL 33431			
City/State and	Zip Code		
jeffrey.deutch@nelsonmullins.com			
E-mail address: (to be used for fu	ture annual report no	otification)	
For further information concerni	ing this matter, pl	lease call:	
Jeffrey A. Deutch	at (	561	343-6960 Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

## **Street Address:**

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

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

Pursuant to the provi	sions of section 605.	0115, Florida Statutes, t	he undersigned,
Jeffrey A. Deutch P.A			, hereby resigns as
	Name of Registered	Agent	, ,
Registered Agent for	SCHECHTER COM	MERCIAL, LLC	
	Name o	f Limited Liability Company	
1.11000059412			
Documen	t Number, if known	<del></del>	
A copy of this resign	ation was mailed to	the above listed limited	liability company at its last known address.
The agency is termin	ated and the office d	Signature of Resigning	day after the date on which this statement is filed.
If signing on behalf o	of an entity:		
	Jeffrey A. Deutel	ի	
		Typed or Printed Name	
	President		
	<u> </u>	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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