P. 001

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000175643 3)))



H150001756433ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

PECEIVED

JUL 21 AM 10: 47

EGRELAN 9: STATE
ALLANDSRE, FLORIDE

LLC REGISTERED AGENT RESIGNATION FLIPFLOP4 LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

15 JUL 21 AM 7: 11
SEURETARY OF STATE
ALLAHASSFE, FLOR DA

Electronic Filing Menu

Corporate Filing Menu

Help

850-617-6381

7/21/2015 8:00:33 AM PAGE 1/001 Fax Server



July 21, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FLIPFLOP4 LLC 609 N. 21 AVENUE HOLLYWOOD, FL 33020

SUBJECT: FLIPFLOP4 LLC

REF: L11000078421

We have received your document for FLIPFLOP4 LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please correct the name of the registered agent as it is reflected on the record with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III FAX Aud. #: H15000175643 Letter Number: 415A00015178

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

		, Florida Statutes, the unde	ersigned,		
POLANSKY, MITCHELL S. ESQ.			, hereby resigns as		
	Name of Registered Agent				
Registered Agent for F	LIPFLOP4 LLC				
•	Name of Limit	ed Liability Company			
L11000078421					
Document Nu	mber, if known	****			
A copy of this resignation	on was mailed to the ab	ove listed limited liability	company at its la	st known address.	
The agency is terminated	wfo	tinued on the 31st day afte	r the date on whic	th this statement is filed.	
If signing on behalf of a		-			
	Mitchell S. Polans				
	Ty _t President	ped or Printed Name			
	Flesident	Capacity			
•	FILING F \$ 85.00 \$ 25.00	FES: Active limited liability of Administratively dissolve withdrawn limited liabil	ed∕voluntariiv di	ssolved/	
INHS17 (2/14)	Make checks payabl	e to Florida Department of Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	State and mail to:	TALLAHASSEE, FLOR	