

L11000083861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

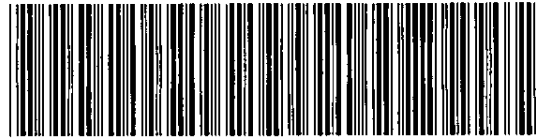
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700279721767

12/04/15--01005--031 \*\*25.00

RECEIVED  
DEPARTMENT OF STATE  
15 DEC -4 AM 11:10  
NOTED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
2015 DEC -4 A 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 07 2015

S MASON

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 12/4 GLINDA

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- ☒ **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- ☒ **FILING** LLC RA RESIGNATION

1. MAYWOOD AVENUE, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**Corporate Access Inc.**

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for

**Maywood Avenue , LLC**

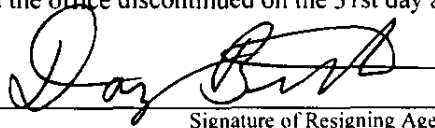
\_\_\_\_\_  
Name of Limited Liability Company

**L11000083861**

\_\_\_\_\_  
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:

**Danny Bennett**

\_\_\_\_\_  
Typed or Printed Name

**President**

\_\_\_\_\_  
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**

**FILED**  
2015 DEC - 4 A 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA