

L11000081303

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B. BOSTICK
MAR 26 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAL HARBOUR LMS 900, LLC.

Name of Limited Liability Company

DOCUMENT NUMBER: L11000087303

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:

Steven Carlyle Cronig

Name of Person

Hinshaw & Culbertson LLP

Name of Firm/Company

2525 Ponce de Leon Boulevard, Fourth Floor

Address

Coral Gables, FL 33134

City/State and Zip Code

louise@louisessunshine.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Carlyle Cronig

at (

305

428-5122

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Steven Carlyle Cronig, hereby resigns as
Name of Registered Agent

Registered Agent for Bal Harbour LMS 900, LLC.

Name of Limited Liability Company

L11000087303

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

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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