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K. SALY JAN 17 2018

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: 888 Brickell Key Drive 2510, U	_LC	
Name of L	imited Liability	Company
DOCUMENT NUMBER: L11000089773		
The enclosed Resignation of Registered Ager for filing.	nt for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning t	his matter to th	e following:
Monica Gonzalez		
Name of Person		
MG Law Firm PLLC		
Name of Firm/Company		
601 NE 36 Street, #2404		
Address		
Miami, Fl. 33137		
City/State and Zip Code	·	
Monica@MGlawpractice.com		
E-mail address:		
For further information concerning this matte	er, please call:	
Monica Gonzalez	646	732-6270
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ns of section 605.011:	5. Florida Statutes, the un	dersigned.	<u> </u>
MG LAW FIRM PLLC		_ , hereby resigns as	18 JAN 16	
	Name of Registered Ager	nt	, nercey resigns as	2 5000
Registered Agent for 8	88 Brickell Key Dr	ive 2510, LLC		
				THE AMERICAN
	Name of Lim	ited Liability Company		1.21
L11000089773				
Document Nu	imber, if known			
A copy of this resignation	on was mailed to the a	bove listed limited liabili	ty company at its last kno	wn address.
The agency is terminate	d and the office disco	ntinued on the 31st day at Signature of Resigning Agen		statement is filed.
If signing on behalf of a	n entity:			
	MG LAW FIRM	PLLC		
	T	yped or Printed Name	 -	
	Director		 	
		Capacity		
	FILING	FEES:		
	\$ 85.00 \$ 25.00	Active limited liability Administratively disso withdrawn limited liab	company lved/voluntarily dissolve illity company	ed/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tailahassee, FL 32314