

L12 000029359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

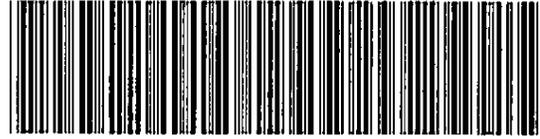
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 23, 2021

STUART MORRIS  
7284 W PALMETTO PARK RD, STE 101  
BOCA RATON, FL 33433

SUBJECT: 3457 HIGH RIDGE ROAD, LLC  
Ref. Number: L12000029359

We have received your document for 3457 HIGH RIDGE ROAD, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 121A00014291

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 3457 HIGH RIDGE ROAD, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000029359

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:

Stuart R. Morris

Name of Person

Morris Law Group

Name of Firm/Company

7284 W. Palmetto Park Road, Suite 101

Address

Boca Raton, FL 33433

City/State and Zip Code

skochav@law-morris.com

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

For further information concerning this matter, please call:

Simone Kochav

at ( 561 ) 750-3850

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

MORRIS LAW GROUP

hereby resigns as

Name of Registered Agent

Registered Agent for 3457 HIGH RIDGE ROAD, LLC

Name of Limited Liability Company

L12000029359

Document Number, if known

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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:

Stuart R. Morris

Typed or Printed Name

Director

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**