L120000 29360

<u> </u>				
(Re	equestor's Name)			
(Ad	ldress)			
(Ad	idress)			
(Cit	ty/State/Zip/Phone	<u></u>		
(Cit	.y/State/Zip/Pflofii	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(0.1	entros Entry Prair	,		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Cilina Officer:			
Special instructions to	Filing Officer.			
		1		

Office Use Only



900366341209

05/20/21--01018--021 *#87.50

2021 JUL -6 AM 7: 49

O SIMMONS



June 23, 2021

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

SUBJECT: 3455 HIGH RIDGE ROAD, LLC

Ref. Number: L12000029360

We have received your document for 3455 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.

Letter Number: 721A00014291

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 3455 HIGH RIDGE ROAD, LLC Name of Limited Liability	Company
DOCUMENT NUMBER: L12000029360	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e 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 (at (750-3850) Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	tions of section 605.0115, Florida Statutes, the	e undersigned.	
MORRIS LAW GROUP Name of Registered Agent		, hereby resigns as	ا ا
		, hereby resigns as	. 921
Registered Agent for 3455 HIGH RIDGE ROAD, LLC			2921 JUL
			<u> </u>
	Name of Limited Liability Company		. 丑
1.12000029360			
Document	Number, if known		. 0
	ation was mailed to the above listed limited listed and the office discontinued on the 31st disc		
If signing on behalf o	Signature of Resigning	Agent	
n signing on benan of	·		
	Stuart R. Morris, Esq.		
	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