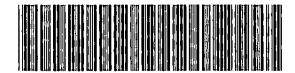
# 120000435#T

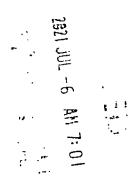
| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | idress)            |           |
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| 701                     | - ICh - Pin IDh    | - 40      |
| (Cit                    | ty/State/Zip/Phone | ≘#)       |
| PICK-UP                 | ☐ WAΠ              | MAIL      |
| (Bu                     | isiness Entity Nan | ne)       |
|                         |                    |           |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
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Office Use Only



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JUL 0 9 2021



June 23, 2021

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

SUBJECT: 443 OLD BURNT STORE ROAD, LLC

Ref. Number: L12000043547

We have received your document for 443 OLD BURNT STORE 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: 721A00014290

Octavia L Simmons
Regulatory Specialist II Supervisor

## **COVER LETTER**

| TO: Registration Section Division of Corporations                      |   |
|--|---|
| SUBJECT: 443 OLD BURNT STORE ROAD, LLC                                 |   |
| Name of Limited Liability  | Company                                 |
| DOCUMENT NUMBER: L12000043547  | <del></del>                             |
| 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 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 provisi | ions of section 605.0115, Florida Statutes, the c | indersigned,                                     |
|-------------------------|---|--|
| MORRIS LAW GROU         | P   | , hereby resigns as                              |
|                         | Name of Registered Agent                          |  |
| Registered Agent for    | 443 OLD BURNT STORE ROAD. LLC                     |  |
|                         | Name of Limited Liability Company                 |  |
| L12000043547            |   | 27.0   |
| Document i              | Number, if known                                  |  |
| A copy of this resigna  | tion was mailed to the above listed limited liab  | ility company at its last known address.         |
| The agency is termina   | ted and the office discontinued on the 31st day   | after the date on which this statement is filed. |
|                         | Signature of Resigning Ag                         | gent   |
| If signing on behalf of | an entity:  |  |
|                         | 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