

L120000081293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100261650181

07/09/14--01011--027 \*\*85.00

FILED  
SEC. OF STATE  
TOLSON  
14 AUG -4 PM 2:29

LLC RA Resign

AUG 05 2014

T. CARTER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2029 Taft Street LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000081293

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:

Anthony Coleman

Name of Person

SOUTH FLORIDA TAXES

Name of Firm/Company

4171 W. Hillsboro Blvd, # 8

Address

Coconut Creek, FL 33073

City/State and Zip Code

TCOLEMAN@SOUTHFLORIDATAXES.COM

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

For further information concerning this matter, please call:

Anthony Coleman

at (

954

354-2785

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 25, 2014

ANTHONY COLEMAN  
SOUTH FLORIDA TAXES  
4171 W. HILLSBORO BLVD., # 8  
COCONUT CREEK, FL 33073 US

SUBJECT: 2029 TAFT STREET LLC  
Ref. Number: L12000081293

We have received your document for 2029 TAFT STREET LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The signature must be on the line above SIGNATURE OF RESIGNING AGENT.

The name of the person signing the document must be typed or printed beneath or opposite the signature.

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.

Tina D Carter  
Regulatory Specialist

Letter Number: 114A00015908

RECEIVED  
14 AUG -4 AM 7:54  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

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

INCORP Services, Inc.

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for 2029 Taft Street LLC

\_\_\_\_\_  
Name of Limited Liability Company

L12000081293

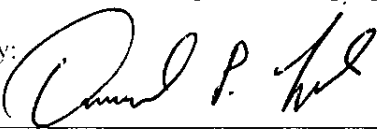
\_\_\_\_\_  
Document Number, if known

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  
President  
\_\_\_\_\_  
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**

14 AUG -6 PM 2:29

STATE  
DIVISION OF  
CORPORATIONS  
TALLAHASSEE, FL 32314