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K. SALY NOV 28 2017

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	FORTY SEVENTH AVENUE, LLC			
00 D 0 D 01	Name of Limited Liability Company			
DOCUMENT NUMBER:	L12000081867			
The enclosed Resignation of Registor filing.	stered Agent for a Limited Liability Company and fee are submitted			
Please return all correspondence of	oncerning this matter to the following:			
Kaitie Spe				
Name of Per	SON INI			
Corporate Dire	ect, Inc.			
Name of Firm/Co	impany			
2248 Meridian Bl	vd., Ste H			
Address				
Minden, NV 8	14 94 23 14			
City/State and Z	p Code			
info@corporated	irect.com			
E-mail address: (to be used for futu	re annual report notification)			
For further information concerning	athis matter, please call:			
Kaitie Sperry	775 782-2201			
Name of Person	Area Code Daytime Telephone Number			
Enclosed is a check made payable liability company or \$25.00 for an liability company.	to the Florida Department of State for \$85.00 for an active limited administratively dissolved, voluntarily dissolved or withdrawn limited			
MAILING ADDRESS:	STREET ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

				MINON 27 PA \$ 33
Pursuant to the provisions	of section 605.01	15, Florida Statutes, th	e undersigned,	2 3 1
	Gerri Detweile		, hereby resigns as	1 55 T
3	lame of Registered Ag	gent		Erick 🔏
Registered Agent for	FC	ORTY SEVENTH A	VENUE, LLC	(S (S (S (S (S (S (S (S (S (S
				Ele.
L120000		imited Liability Company		
Document Num	<u>[P]</u>			
	13 1			
A copy of this resignation	was mailed to the	above listed limited li	ability company at its last	known address.
The agency is terminated	and the office disc	continued on the 31st d	ay after the date on which	this statement is filed.
_	Levi	Detweis	re	
If signing on behalf of an	entity:	Signature of Resigning Gerri Detweiler	Agent"	
		Typed or Printed Name		
	 B	Registered Agent		
	FILING	Capacity G FEES:		
	\$ 85.00 \$ 25.00	Active limited liab Administratively of withdrawn limited	oility company lissolved/ voluntarily diss I liability company	solved/
	Make checks pay		ent of State and mail to:	
INHS17 (2/14)		Division of Corporat P.O. Box 6327 Tallahassee, FL 32		