

L12000096050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

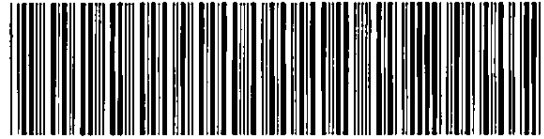
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

Ra Resignation

MAR 19 2024

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIRST CAPITAL LAND TRUST LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L12000096050

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:

HANH DINH

Name of Person

PREMIER RENTAL MANAGEMENT LLC

Name of Firm/Company

1314 E LAS OLAS BLVD 1210

Address

FT LAUDERDALE FL 33301

City/State and Zip Code

FLHANH@GMAIL.COM

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

For further information concerning this matter, please call:

HANH DINH

Name of Person

at (305) 7724596

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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2024 FEB 28 PM 4:10
STATE OF FLORIDA
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,

PREMIER RENTAL MANAGEMENT LLC
_____, hereby resigns as
Name of Registered Agent

Registered Agent for FIRST CAPITAL LAND TRUST LLC

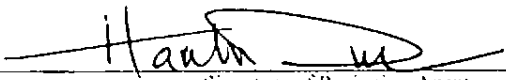
Name of Limited Liability Company

L12000096050

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:

HANH DINH

Typed or Printed Name
AUTHORIZED REPRESENTATIVE ENDING ON 8/2023

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

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SECRETARY OF STATE
FLORIDA