# <u>L12000103973</u>

(Re	equestor's Name)	····	
(Ac	ldress)		
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(Ci	ty/State/Zip/Phone	e #)	
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T. LEMIEUX

## **COVER LETTER**

SUBJECT: Cutler Bay 224, LLC  Name of Li	mited Liability	Company
DOCUMENT NUMBER: L12000103973		
The enclosed Resignation of Registered Agent for filing.	t for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning th	nis matter to th	e following:
Gregorio Hanimian		
Name of Person		
Name of Firm/Company		
8785 NW 13 Terrace		
Address		
Doral, FL 33172		
City/State and Zip Code		
gregorio@lulifama.com		
E-mail address: (to be used for future annual repo	rt notification)	
For further information concerning this matter	r, please call:	
John T. Prahl	305	234-3680 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

TO: Registration Section

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

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

Pursuant to the provis	sions of section 605.0115, Florida Stat	utes, the undersigned,	
John T. Prahl		, hereby resigns as	
	Name of Registered Agent	, , , <u>c</u>	
Registered Agent for	Cutler Bay 224, LLC		_
	Name of Limited Liability Co	mpany	<b>,</b>
L12000103973			
Document	Number, if known		
		mited liability company at its last known addre	
The agency is terminate	John Thole	e 31st day after the date on which this statement designing Agent	500
If signing on behalf o	of an entity:	₹ •	j
	John T. Prahl	<u>.</u> -	
	Typed or Printed I	Name	
	Registered Agent	:	
	Canacity	4	

FILING FEES: \$ 85.00 Active Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314