

L12000132261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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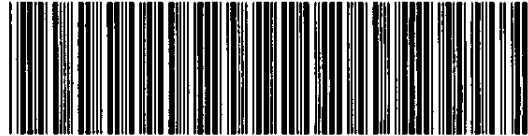
(Business Entity Name)

(Document Number)

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14 DEC 31 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ra Resignation



LAW OFFICES OF STEVEN L. BARCUS
222 Newburyport Avenue, Altamonte Springs, FL 32701

December 29, 2014

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: 4657 Alhama Street, LLC

Enclosed please find the following documents:

- 1) Cover Letter
- 2) Resignation of Charles Miner as the Registered Agent
- 3) Appointment of Steven L. Barcus as Successor Registered Agent
- 4) My Trust Account check number 6238 in the amount of \$427.50 to cover the following:

Reinstatement fee	\$ 100.00
Annual Report for 2013	138.75
Annual Report for 2014	138.75
Resignation of Charles Miner	25.00
Appointment of New Resident Agent	25.00

Please reinstate 4657 Alhama Street, LLC and advise me accordingly.

Thank you.

Very truly yours,

A handwritten signature in black ink, appearing to read "Steven L. Barcus".
Steven L. Barcus

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4657 Alhama Street, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000132261

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:

Steven L. Barcus
Name of Person

Law Offices of Steven L. Barcus
Name of Firm/Company

222 Newburyport Avenue
Address

Altamonte Springs, FL 32701
City/State and Zip Code

steven@stevenbarcuslaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven L. Barcus at (407) 332-1289
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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SECRET
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,

Charles D. Miner, hereby resigns as
Name of Registered Agent

Registered Agent for 4657 Alhama Street, LLC
Name of Limited Liability Company

L12000132261
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

Capacity

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SECRETARY
TALLAHASSEE, FL

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