

L12 000147482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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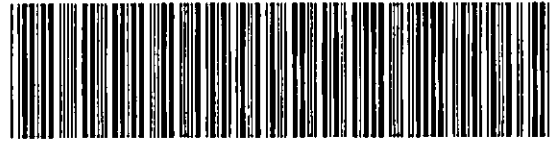
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

O SIMMONS
FEB 24 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISLAND BREEZE OF KEY WEST, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L12000147482

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:

Erick Araneda, CPA

Name of Person

Appelrouth, Farah & Co., P.A.

Name of Firm/Company

999 Ponce de Leon Blvd., Suite 625

Address

Coral Gables, FL 33134

City/State and Zip Code

erick@appelrouth.com

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

For further information concerning this matter, please call:

Erick Araneda

305

444-0999

Name of Person

at (_____) _____

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Erick Araneda, CPA

hereby resigns as

Name of Registered Agent

Registered Agent for ISLAND BREEZE OF KEY WEST, LLC

Name of Limited Liability Company

L12000147482

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

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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