## 2/2000/60355

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
i				

Office Use Only



800316276668

97/30/18--01034--001 \*\*775.00

2014 JUL 30 PH 2: 42

D BRUCE AUG 0 4 2018

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Sachs Horace Janson LLC			
190190	Name of Limited Liabilit	y Company		
DOC	UMENT NUMBER: L12000160355			
The enfor fil	nclosed Resignation of Registered Agent for a Limite ing.	ed Liability Company and fee arc	sub	mitted
Pleaso	e return all correspondence concerning this matter to	the following:		
Osca	r J. Padron			
	Name of Person	_		
Turn	er & Associates, LLP			
	Name of Firm/Company	_		
14505 Commerce Way # 500 ≥ 5				
	Address	T LUNA		
Mian	ni Lakes, FL 33016	ETARY OF STATE HASSEE FLORIDA	JUL 30	******
	City/State and Zip Code	ارن العارض 1900 – التاريخ 1907 – التاريخ	EE C	m
		108 118	2: 42	$\bigcirc$
E	-mail address: (to be used for future annual report notification)		12	
For fu	orther information concerning this matter, please call:			
Osca	ır J. Padron 305	<sup>496-6496</sup>		
	Name of Person at (at Code	Daytime Telephone Number		
Enclo liabili liabili	sed is a check made payable to the Florida Departme ty company or \$25.00 for an administratively dissolv ty company.	nt of State for \$85.00 for an acti ed, voluntarily dissolved or with	ve lii drav	mited vn limited
MAII	ING ADDRESS: STRE	FT ADDRESS:		

Registration Section Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

P.O. Box 6327

Registration Section

Division of Corporations

Tallahassee, FL 32314

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

Pursuant to the provisions of section 605.0115. Florida	a Statutes, the undersigned.
Oscar J. Padron	hereby resigns as
Name of Registered Agent	
Registered Agent for Sachs Horace Janson LLC	<u> </u>
Name of Limited Liabil	ity Company ,
L12000160355	
Document Number, if known	
A copy of this resignation was mailed to the above list	ed limited liability company at its last known address.
	Aced Sex D

### 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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