

L13 000005289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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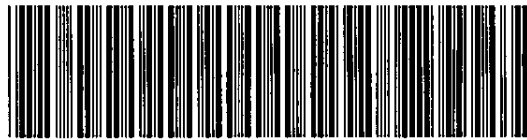
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

C.M.  
8-1-14

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Seven Met Suites, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000005289

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:

Fabbio Pirrozzi  
Name of Person

Seven Met Suites, LLC  
Name of Firm/Company

40 SW 13th St. Suite #301  
Address

Miami, FL 33130  
City/State and Zip Code

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

For further information concerning this matter, please call:

Samantha Alvarez at ( 954 ) 554-5647  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

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

**Samantha Alvarez**

, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for **Seven Met Suites, LLC**

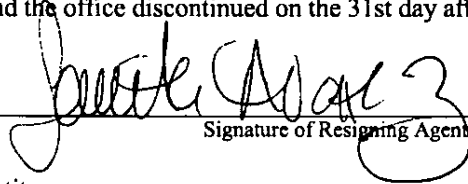
\_\_\_\_\_  
Name of Limited Liability Company

**L13000005289**

\_\_\_\_\_  
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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TALLAHASSEE FLORIDA

**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**