

L13000010887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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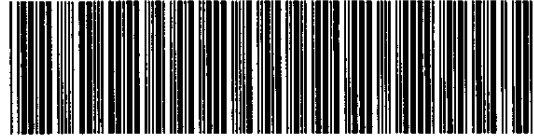
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TO: Registration Section
Division of Corporations

SUBJECT: Charter BC Tamarac Prospect LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000010887

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:

Hernan Leonoff

Name of Person

MG3 Developer Group, LLC

Name of Firm/Company

1915 Harrison Street

Address

Hollywood, FL 33020

City/State and Zip Code

hleonoff@mg3developer.com

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

For further information concerning this matter, please call:

Hernan Leonoff

at (954) 929-5229

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

MG3 Developer Group, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for **Charter BC Tamarac Prospect LLC**

Name of Limited Liability Company

L13000010887

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:

Hernan Leonoff

Typed or Printed Name

Manager

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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TALLAHASSEE, FLORIDA