## 1130000 23737

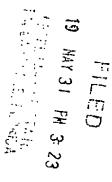
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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O SIMMONS

JUN 0 3 2019



May 20, 2019

STEPHEN REISMAN ONE SE THIRD AVE, STE 3100 MIAMI, FL 33131

SUBJECT: 1490 KAMCHATKA AVENUE, LLC

Ref. Number: L13000023737

We have received your document for 1490 KAMCHATKA AVENUE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 519A00010177

RECEIVED
MAY 3 1 2019

## **COVER LETTER**

SUBJECT: 1490 Kamchatka Avenue LLC Nam	ne of Limited Liability Company
DOCUMENT NUMBER: L1300002373	37
The enclosed Resignation of Registered for filing.	Agent for a Limited Liability Company and fee are submitted
Please return all correspondence concern	ning this matter to the following:
Stephen H. Reisman	
Name of Person	
Peckar & Abramson	
Name of Firm/Compan	ny
One SE Third Ave., Suite 3100	
Address	
Miami, FL 33131	
City/State and Zip Cod	le
jdaitz@hallboothsmith.com  E-mail address: (to be used for future annu	nal rewart natification)
For further information concerning this	•
Ţ.	·
Jeffrey M. Daitz	at ( 201 ) 221-7014  Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check made payable to the liability company or \$25.00 for an admir liability company.	e Florida Department of State for \$85.00 for an active limited nistratively dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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

Stephen H. Reisman	, hereby resigns as
Name of Registered Agent	, nersely reinginy in
Registered Agent for 1490 Kamchatka Avenue LLC	
Name of Limited Liability Company	y .
L13000023737	, 1 <b>5</b>
Document Number, if known	
A copy of this resignation was mailed to the above listed limited	
The agency is terminated and the office discontinued on the 31st	day after the date on which this statement is filed
Signature of Resignin	23
/ Signature of Resignin	ng 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