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(Re	questor's Name)			
(Add	dress)	.		
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(Cit	y/State/Zip/Phone	e #)		
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SECRETARY OF STATE

COVER LETTER

SUBJECT: Name of Limited Liability	v Company		
DOCUMENT NUMBER: L13000038725	y Company		
DOCUMENT NUMBER:			
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are	submitte	ed
Please return all correspondence concerning this matter to t	he following:		
Michael I. Bernstein			
Name of Person	_	والمبد	NS.
The Bernstein Law Firm		16 OC	I AE
Name of Firm/Company	_	OCT 20	- 奈芸-
3050 Biscayne Boulevard, Suite 403		PA	
Address	_		E SE
Miami, FL 33137		ى: 03	397
City/State and Zip Code	_		
raz.ofer2@gmail.com			
E-mail address: (to be used for future annual report notification)	_		
For further information concerning this matter, please call:			
Michael I. Bernstein 305	672-9544		
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes,	the undersigned,		
The Bernstein Lav	, hereby resigns as			
-	Name of Registered Agent	,,		
Registered Agent for	2301 Collins 636, LLC			
	Name of Limited Liability Company	y	,	,
L13000038725				
Document N	Number, if known			
	ion was mailed to the above listed limited			
The agency is terminat	ed and the office discontinued on the 31st	day after the date on which this states	nent is	filed.
	Signature of Resigni	ng Agent	16 OCT	SEURE!
If signing on behalf of	an entity:		20	
	Michael I. Bernstein		P	NE OFF
	Typed or Printed Name		čù E	- C)
	President of Resigning Agent		; 03	<u> </u>
	Canacity		C	تآت

FILING FEES: \$ 85.00 Active Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314