

LB0000 49332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

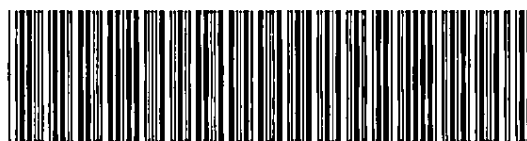
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MUSGRAVE RESIDENTIAL LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000049332

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:

KRISTY TEAL

Name of Person

CORP2000

Name of Firm/Company

720 14TH STREET

Address

SACRAMENTO, CA 95814

City/State and Zip Code

ORDERS@CORP2000.COM

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

For further information concerning this matter, please call:

KRISTY TEAL

Name of Person

at (916) 448-1397
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

CORP2000

_____, hereby resigns as
Name of Registered Agent

Registered Agent for MUSGRAVE RESIDENTIAL LLC

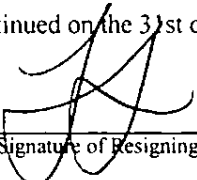
Name of Limited Liability Company

L13000049332

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 3rd day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

LEE SCOTT

Typed or Printed Name

PRESIDENT

Capacity

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2018 NOV 13 PM 2:17
SECRETARY OF STATE
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