

✓
L13000054179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

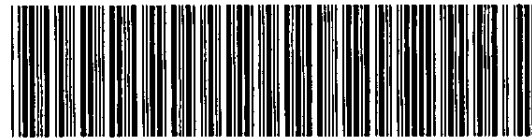
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900251414679

900251414679
09/18/13--01016--002 **85.00

FILED
2013 SEP 18 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

SEP 19 2013

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIAM EQUITY LLC
Name of Limited Liability Company

DOCUMENT NUMBER: LI 3000054179

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:

GREG HERSKOWITZ
Name of Person

GREG HERSKOWITZ, PA
Name of Firm/Company

9130 S. DADELAND BLVD. PHIA
Address

MIAMI, FL 33156
City/State and Zip Code

Mncapital@yahoo.fr
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Myriam Nabizada at (347) 330-5720
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2013 SEP 18 PM 12:11
TALLAHASSEE, FL
SECRETARY OF STATE

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

GREG HERSKOWITZ, PA

Name of Registered Agent

, hereby resigns as

Registered Agent for

MIAM EQUITY LLC

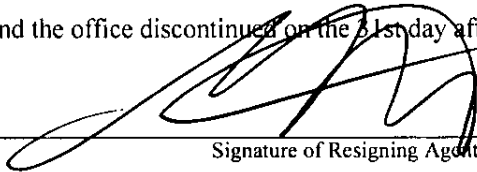
Name of Limited Liability Company

1130000 54179

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:

Greg Herskowitz

Typed or Printed Name

President

Capacity

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 SEP 18 PM 12:11

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