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SECRETARY OF STATE

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COVER LETTER

1434 Collins, LLC SUBJECT:			
Name of Limited Liability	Company		
DOCUMENT NUMBER: L13000060891			
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee ar	e subm	itted
Please return all correspondence concerning this matter to the	ne following:		
Michael I. Bernstein			
Name of Person			
The Bernstein Law Firm			
Name of Firm/Company	•		
3050 Biscayne Boulevard, Suite 403			
Address	SE	297	
Miami, FL 33137	CAH/	2716 OCT 21	77
City/State and Zip Code	SE SE	21	
raz.ofer2@gmail.com	E OF	ס	Ш
E-mail address: (to be used for future annual report notification)	SIATE ORID	بپ	O
For further information concerning this matter, please call:		20	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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 provision	ns of section 605.0115, Florida 8	natutes, the undersigned,
The Bernstein Law	Firm	, hereby resigns as
	Name of Registered Agent	, noted, reagns as
Registered Agent for	434 Collins, LLC	
	Name of Limited Liability	Company
L13000060891		
Document Nu	umber, if known	
A copy of this resignation	on was mailed to the above listed	limited liability company at its last known address.
The agency is terminate	MI	the 31st day after the date on which this statement is filed. Fresigning Agent
If signing on behalf of a	n entity:	
	Michael I. Bernstein	
	Typed or Printe	ed Name
	President of Resigning A	gent
	Capacity	

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ withdrawn limited liability company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