

L130000065312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

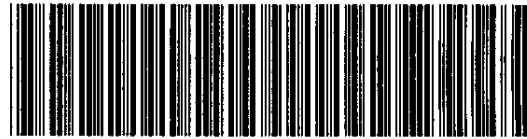
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FREDERICK R. MACLEAN  
ANNE B. MACLEAN  
CHRISTOPHER J. EMA  
W. THORNTON SCOTT\*  
LAURA G. MACLEAN  
BRIAN V. BERGMAN

\* ALSO ADMITTED IN KENTUCKY  
\*\* ALSO ADMITTED IN SOUTH CAROLINA

**MACLEAN & EMA** P.A.  
Attorneys and Counselors at Law

OF COUNSEL  
J. ALAN COX  
TALLAHASSEE, FL

OF COUNSEL  
ROBERT M. ARLEN  
BOARD CERTIFIED  
TAX ATTORNEY  
DELRAY BEACH, FL

May 29, 2014

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Domicile Properties, LLC  
Our File No.: 10150.171012**

To Whom It May Concern:

Enclosed please find the following:

1. Resignation of Registered Agent;
2. Articles of Amendment to Articles of Organization;
3. Resignation of Member, Manager;
4. Check #903 in the amount of \$85.00 which represents a filing fee for the Resignation of Registered Agent;
5. Check #904 in the amount of \$25.00 which represents a filing fee for the Articles of Amendment to Articles of Organization; and
6. Check #905 in the amount of \$25.00 which represents a filing fee for the Resignation of Member, Manager.

Thank you for your allowing us to assist you in this matter. Should you have any questions regarding the enclosed, please do not hesitate to contact our office.

Very truly yours,  
MacLean and EMA

  
Caitlin Ema Carbone  
Legal Assistant

Enclosures: as noted

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DOMICILE PROPERTIES, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000065312

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:

CHRISTOPHER J. EMA

Name of Person

MACLEAN AND EMA

Name of Firm/Company

2600 NE 14 STREET CAUSEWAY

Address

POMPANO BEACH, FL 33062

City/State and Zip Code

ALESIAZETH@MACLEAN-EMA.COM

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

For further information concerning this matter, please call:

ALESIA ZETH

Name of Person

at ( 954 ) 785-1900

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,

ADRIAN ANGYALOSY

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for DOMICILE PROPERTIES, LLC

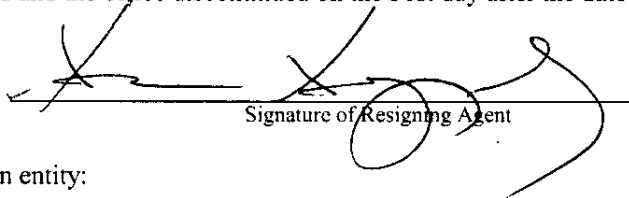
\_\_\_\_\_  
Name of Limited Liability Company

L13000065312

\_\_\_\_\_  
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:

\_\_\_\_\_  
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**