Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES,

Account Number : 075350000353

Phone : (800)221-2972 Fax Number

: (888)692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email:	Address:			
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LLC REGISTERED AGENT RESIGNATION ONE THOUSAND BISCAYNE UNIT 3702 LL

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

COVER LETTER

SUBJECT: ONE THOUSAND BISCA	e of Limited Liab				
DOCUMENT NUMBER: L13000102		mry Company			
The enclosed Resignation of Registered for filing.		ited Liability Company and	i fee are submitted		
Please return all correspondence concert	ning this matter t	o the following:			
TRACEE COTTON					
Name of Person			8ni		
BLUMBERGEXCELSIOR CORPOR	ATE SERVICE	S,	<u> </u>		
Name of Firm/Company	у		SE		
16 COURT ST 14TH FLOOR			· • 23		
Address	 		⊒		
BROOKLYN, NY 11241		, · · · :			
City/State and Zip Code	2		<i>3</i>		
E-mail address: (to be used for future annu-	al report notification)			
for further information concerning this r	natter, please cal	l:			
TRACEE COTTON	800	221-2972 X1550			
Name of Person Area Code		de Daytime Telephone Nui	Daytime Telephone Number		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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 prov	isions of section 605.0115, Florida Statutes, the undersigned,	
BLUMBERGEX	CELSIOR CORPORATE SERVICES, INC., hereby re	esions as
	Name of Registered Agent	tong.ii. ab
Registered Agent fo	ONE THOUSAND BISCAYNE UNIT 3702 LLC	
	Name of Limited Liability Company	
L13000102172		
Documer	nt Number, if known	
	nation was mailed to the above listed limited liability company anated and the office discontinued on the 31st day after the date of Signature of Resigning Agent	on which this statement is filed
n signing on octual	SEF 2	
	ZEINA HASSOUN Typed or Printed Name	
	ASSISTANT SECRETARY Capacity	AH 9: 16
	FILING FEES: \$85.00 Active limited liability company \$25.00 Administratively dissolved/volunta withdrawn limited liability compan	urily dissolved/

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