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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

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:_

LLC REGISTERED AGENT RESIGNATION ONE THOUSAND BISCAYNE UNIT 3002 LLC

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ONE THOUSAND BISCAYNE UNIT 3002 L	LC
Name of Limited Liability (Company
DOCUMENT NUMBER: L13000109009	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter o the	following:
TRACEE COTTON	
Name of Person	
BLUMBERGEXCELSIOR CORPORATE SERVICES,	
Name of Firm/Company	
16 COURT ST 14TH FLOOR	
Address	
BROOKLYN, NY 11241	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
TRACEE COTTON 800	221-2972 X1550 Daydme Telephone Number
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of iability company or \$25.00 for an administratively dissolved, iability company.	of State for \$85.00 for an active limited voluntarily dissolved or withdrawn limited

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions o	f section 605.011	5, Florida Statutes, t	he undersigned,			
BLUMBERGEXCELSI	OR CORPOR	ATE SERVICES	, INC. hereby resig	ฑร ตร		
Nan	ne of Registered Age	nt		,1.5 4.5		
Registered Agent for ONE	THOUSAND	BISCAYNE UNI	Г 3002 LLC			
					,	
	Name of Lim	ited Liability Company				
L13000109009						
Document Number	r, it known					
A copy of this resignation w	as mailed to the a	above listed limited l	iability company at its	s last known addre	ess.	
The agency is terminated and	d the office disco	ntinued on the 31st o	day after the date on w	which this statemen	nt is fi	led.
-/ ₁	Deina	Signature of Resigning	Agent Agent			
If signing on behalf of an ent	tity:			S	2	
ZE	INA HASSOU	IN		ECF TAL	8	
	•	yped or Printed Name		.LAI	2018 SEP 2 <i>8</i>	T
<u> </u>	SSISTANT SE	Capacity		LRY YAS	28	
		, -			P	
	FILING \$ 85.00 \$ 25.00	Active limited liab	nility company dissolved/ voluntarily d liability company	1.11	PH 12: 31	O

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