

43000114969

(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



500337312465

12/23/19--01017--027 **35.00

19 DEC 23 AM 8:24
STATE OF MISSISSIPPI
DEPARTMENT OF REVENUE

JAN 27 2020
C McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 575 N WASHINGTON BLVD, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000114969

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:

DAVID S. MAGLICH, ESQUIRE

Name of Person

FERGESON SKIPPER, P.A.

Name of Firm/Company

1515 RINGLING BOULEVARD - 10TH FLOOR

Address

SARASOTA, FL 34236

City/State and Zip Code

amiller@fergesonskipper.com

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

For further information concerning this matter, please call:

Anna Miller

Name of Person

at (941) 957-1900

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED
19 DEC 23 AM 8:24

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

BRENDAN A. MCQUAID, ESQUIRE _____, hereby resigns as

Name of Registered Agent

Registered Agent for 575 N WASHINGTON BLVD, LLC

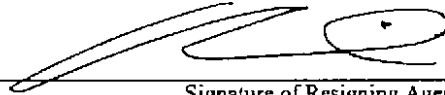
Name of Limited Liability Company

L13000114969

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:

Brendan A. McQuaid

Typed or Printed Name

Registered Agent

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**

19 DEC 23 AM 8:24
STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA