L13000158219

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: 204 PARK AVE. & 1629 MILLER ST., LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L13000158219	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
ROBIN MOLT	
Name of Person	
CORPORATION SERVICE COMPANY	
Name of Firm/Company	
80 STATE STREET	
Address	
ALBANY NY 12207	
City/State and Zip Code	
RMOLT@CSCINFO.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ROBIN MOLT at (518 Name of Person Area Code	433-7018
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolved liability company.	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited

STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

Clifton Building

INHS17 (2/14)

P.O. Box 6327

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115	, Florida Statutes, the unde	ersigned,		
CORPORATION SERVICE COMPANY		, hereby resigns as	hereby recions as		
Name of Registered Agent			, nercey resigns as		
Registered Agent for 2	04 PARK AVE. & 1	1629 MILLER ST., LL	С		<u> </u>
	Name of Limi	ted Liability Company			
L13000158219					
Document Nu	ımber, if known				
A copy of this resignation	on was mailed to the al	bove listed limited liability	company at its last known	addres	SS.
The agency is terminate	d and the office discor	ntinued on the 31st day after Signature of Resigning Agent	er the date on which this sta	temen	t is filed.
If signing on behalf of a	n entity:				No. a
	ROBIN MOLT			- 5	E.2
	ASST SECRETA	ped or Printed Name		81 904	
	FILING) \$ 85.00 \$ 25.00	Active limited liability of Administratively dissolv	company red/ voluntarily dissolved/ lity company	AH	PO JAIE PORATIONS

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