

413000161689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

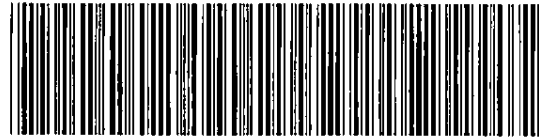
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Olympia XI LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000161689

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:

Paul Sahto
Name of Person

Olympia XI LLC
Name of Firm/Company

4040 NW 17th Ave
Address

Boca Raton, FL 33431
City/State and Zip Code

pjseniora@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Santo at (508) 826-9389
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2015 JAN 14 PM 4:01
STATE
TALLAHASSEE, FL

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Paul Santo, hereby resigns as
Name of Registered Agent

Registered Agent for Olympia XI LLC
Name of Limited Liability Company

L13000161689
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.

Paul Santo
Signature of Resigning Agent

If signing on behalf of an entity:

Paul Santo
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withdrawn limited liability company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

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JAN 14 2005
TALLAHASSEE, FL
DIVISION OF STATE

2005 JAN 14 PM 4:01

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