

L 13 000 169614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

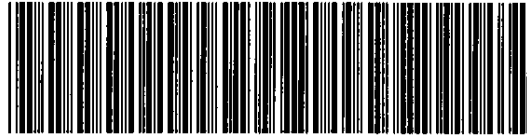
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000268417590

01/15/15--01022--007 \*\*310.00

FILED  
15 JAN 15 PM 4:35  
CLERK OF STATE  
TAMPA, FLORIDA

LLC

RA fees.

2-2-K

DL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 1241 SE 3<sup>rd</sup> CT UNIT A, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L13000169614

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.

LAWRENCE CAPLAN  
Name of Person

LAWRENCE A. CAPLAN, PA  
Name of Firm/Company

1375 GATEWAY BLVD  
Address

BOYNTON BEACH, FL 33426  
City/State and Zip Code

LACAPLANLAW @ BELLSOUTH.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

L. CAPLAN at (561) 988 6009  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

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

Thomas A GUERRERO, hereby resigns as  
Name of Reg

Registered Agent for 1241 SE 3<sup>rd</sup> CT UNIT A, LLC

Name of Limited Liability Company

L130000169614  
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]  
Signature of Resigning Agent

If signing on behalf of an entity:

CAROL GUERRERO  
Typed or Printed Name  
MANAGER  
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

INHS17 (2/14)

FILED  
15 JAN 15 PM 4:35  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA