

L140000011873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

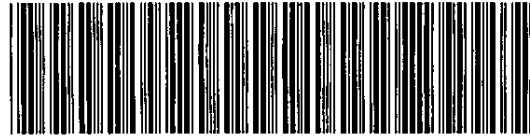
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700275400647

08/20/15--01013--020 **85.00

FILED

2015 AUG 20 P 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 21 2015

3 MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2130 SW 9 ST LLC, a Florida limited liability company

Name of Limited Liability Company

DOCUMENT NUMBER: L14000011873

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:

MARCO DE LA CAL, ESQUIRE

Name of Person

MARCO DE LA CAL, P.A.

Name of Firm/Company

999 Ponce De Leon Boulevard, Suite 735

Address

Coral Gables, Florida 33134

City/State and Zip Code

DELACAL@AOL.COM

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

For further information concerning this matter, please call:

MARCO DE LA CAL, ESQUIRE

Name of Person

at (305) 444-3800

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

ANDRES RAMIREZ

Name of Registered Agent

, hereby resigns as

Registered Agent for **2130 SW 9 ST LLC**

Name of Limited Liability Company

L14000011873

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:

ANDRES RAMIREZ

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

2015 AUG 20 P 12: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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