

L14000040343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

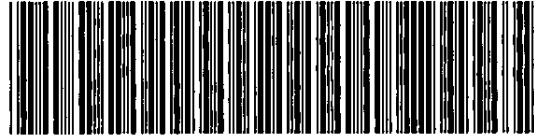
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
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TALLAHASSEE, FLORIDA

D. SCOTT
APR 26 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 419 SW 2ND AVENUE, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000040343

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:

LEE C. SCHMACHTENBERG, ESQ.
Name of Person

LEE C. SCHMACHTENBERG, P.A.
Name of Firm/Company

1533 SUNSET DRIVE, SUITE 201
Address

CORAL GABLES, FL 33143
City/State and Zip Code

lee@schmachtenberg-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEE C. SCHMACHTENBERG at (305) 665-6062
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
17 APR 24 11:20:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

LEE C. SCHMACHTENBERG, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for **419 SW 2ND AVENUE, LLC**


Name of Limited Liability Company

L14000040343

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:

LEE C. SCHMACHTENBERG

Typed or Printed Name

PRESIDENT

Capacity

FILED
17 APR 24 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**