

L14000042334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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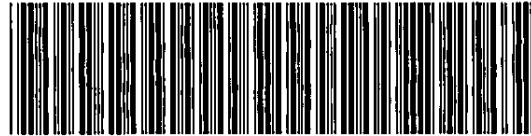
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

14 JUN 13 PM 2:07

APPROVED
AND
FILED

C. LEWIS
Jun 16, 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 6164 NW 20TH COURT, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000042334

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:

TOM EVENTAL

Name of Person

DOMAIN PROPERTY MANAGEMENT

Name of Firm/Company

4581 WESTON ROAD #222

Address

WESTON, FL 33331

City/State and Zip Code

TEVENTAL@DOMAINRES.COM

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

For further information concerning this matter, please call:

TOM EVENTAL

Name of Person

at (954) 701-6393

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TOM EVENTAL

, hereby resigns as

Name of Registered Agent

Registered Agent for **6164 NW 20TH COURT, LLC**

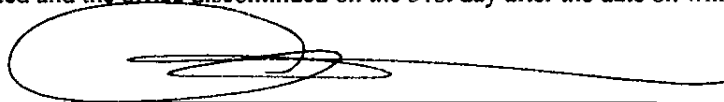
Name of Limited Liability Company

L14000042334

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:

Typed or Printed Name

Capacity

APPROVED
AND
FILED
14 JUN 13 PM 2:07
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