

11/19/24 12:59 PM

Division of Corporations

L14000050286

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : WARD, DAMON & POSNER, P.A.  
Account Number : 072262000447  
Phone : (561)842-3000  
Fax Number : (561)842-3626

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: MSAROFKSY@WARDAMON.COM

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2024 NOV 19 6:16 PM  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT RESIGNATION  
TLH-26 GILES, LLC

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Corporate Filing Menu

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K. SALY

NOV 20 2024

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TLH-26 GILES, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000050286

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:

MAHRA C. SAROFSKY, ESQ.  
Name of Person

WARD DAMON PL  
Name of Firm/Company

4420 BEACON CIRCLE  
Address

WEST PALM BEACH, FL 33407  
City/State and Zip Code

MSAROFSKY@WARD DAMON.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAHRA SAROFSKY at ( 561 842-3000 )  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

Ward Damon \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for TLH-26 GILES, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

L14000050286  
\_\_\_\_\_  
Document Number, if known

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TALLAHASSEE, FLORIDA

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:

CATHLEEN D. WARD  
\_\_\_\_\_  
Typed or Printed Name

PARTNER  
\_\_\_\_\_  
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