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Fax Number : (850)617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.

Account Number : I20010000025 Phone : (786)899-2235 Fax Number : (305)935-9042

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

Email Address: KLEOPOLD@LEOPOLDKORN.COM

LLC REGISTERED AGENT RESIGNATION CAYA 1512 LLC

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p.Z

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115. Flo	orida Statutes, the unde	rsigned,		
LEOPOLD KORN,	P.A.		, hereby resigns as		
	Name of Registered Agent	-			
Registered Agent for	CAYA 1512 LLC				
	Name of Limited I	Liability Company		 ,	
L14000050304					
Decument :	Number, if known				
	tion was mailed to the above ted and the office discontinu		1 -	20 Statement is filed. E C Statement 21 PM	
If signing on behalf of	fan entity:		_OR	SIAT	
	Karen S. Leopold		~ 	H , 53	
	Typed	or Printed Name			
	President				
	C	apacity			

FILING FEES:

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 85.00 \$ 25.00

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