

L14000067238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

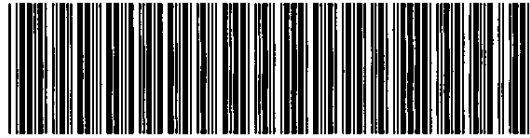
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1366 SW 4TH CT BOCA RATON, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000067238

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:

LAWRENCE CAPLAN
Name of Person

LAWRENCE A. CAPLAN PA
Name of Firm/Company

1375 GATEWAY BLVD
Address

BOYNTON BEACH, FL 33428
City/State and Zip Code

LACAPLANLAW@BELL SOUTH.NET
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

L. CAPLAN at (561) 988 6009
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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


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

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

GURRIENO, LLC, hereby resigns as
Name of Registered Agent
Registered Agent for 1366 SW 4TH CT BOCA RATON, LLC

Name of Limited Liability Company
L14000067238
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.
CAROL GUERRERO
Typed or Printed Name
MANAGER
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withdrawn limited liability company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

INHS17 (2/14)

FILED
15 JAN 15 PM 4: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA