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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Marina Mile ALF, LLC  Name of Limited Llability Company
DOCUMENT NUMBER: 44000081362
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:
Jill Browner Name of Person
Privcap Companies LLC Name of Firm/Company
7200 W Camino Real Stc 200
Boca Paton, Fi 33433 City/State and Zip Code
ille Drive (ap Lompanies. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jill Browner  at (50) 952-2001 xt.205  Name of Person  at (50) 952-2001 xt.205  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

Clifton Building

INHS17 (2/14)

P.O. Box 6327

**MAILING ADDRESS:** 

**Division of Corporations** 

Tallahassee, FL 32314

Registration Section

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
Privap Companies LLC, hereby resigns as
Registered Agent for Marina Mile ALF, LLC
Name of Limited Liability Company
1-1400000373102
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:
Daniel Cohen
Typed or Printed Name
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\$ 25.00 | Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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