

L14000096298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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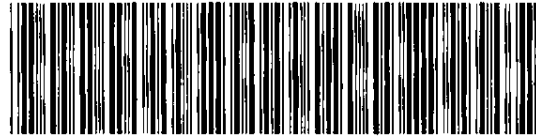
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAIDY MAF PROPERTY LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 214000096298

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:

Name of Person

REGISTERED AGENTS INC
Name of Firm/Company

3030 N. ROCKY POINT DR
Address
STE 1501
TAMPA, FL 33607
City/State and Zip Code

AGENT @ FLORIDA REGISTERED AGENT. NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFF SURFACE at (817) 648-1630
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

DEBBIE CRAWFORD, hereby resigns as
Name of Registered Agent

Registered Agent for DAISY MAE PROPERTY, LLC
Name of Limited Liability Company

L14000096298
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.

Debbie Crawford
Signature of Resigning Agent

If signing on behalf of an entity:

Debbie Crawford
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