114000131156

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 703 BAY LLC Name of Limited Lia DOCUMENT NUMBER: L140001311	
The enclosed Resignation of Registered Agent for a Liftor filing.	mited Liability Company and fee are submitted
Please return all correspondence concerning this matter	r to the following:
DAVIET KLINGER Name of Person	
raine of Forson	
Name of Firm/Company	
848 BRICKELL AVE Suite 305	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please of	
DANIEL KLINGEN at (30) Name of Person Area (5 675-1844
Name of Person Area (Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Depart liability company or \$25.00 for an administratively dissliability company.	ment of State for \$85.00 for an active limited solved, voluntarily dissolved or withdrawn limited
	REET ADDRESS:
0	gistration Section
	vision of Corporations
	ifton Building 61 Executive Center Circle
Landingsco, 11. 32317	G. Britanii Comer Creis

Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	s of section 605.0115, Florida	Statutes, the undersigned,	
RICANDO KI		, hereby resign	ns as
]	Name of Registered Agent		
Registered Agent for	703 BAY 1	-LC	
<u></u>	Name of Limited Liabilit	y Company	·
L14000 131	156		
Document Num	ber, if known		<u>ੋਂ</u> ਨੇ
A copy of this resignation	was mailed to the above liste	d limited liability company at its	last known address
The agency is terminated .	1241	the 31st day after the date on w	hich this statement is filed.
If signing on behalf of an	entity:		on the
-	Typed or Prin	red 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\$25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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