

214000142754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2018 SEP 21 AM 8:24
CLERK OF SUPERIOR COURT
HALL COUNTY, IOWA

D BRUCE
SEP 22 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: properties to go llc

Name of Limited Liability Company

DOCUMENT NUMBER: L14000142754

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:

SAMIRA HUSSEIN

Name of Person

PROPERTIES TO GO LLC

Name of Firm/Company

6716 SWAIN AVE

Address

TAMPA FLORIDA 33625

City/State and Zip Code

propertiestogo@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

samira hussein

at (**813**) **3052898**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2018 SEP 21 AM 8:14
TALLAHASSEE, FL
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.

MARWAN SULIMAN

Name of Registered Agent

, hereby resigns as

Registered Agent for **PROPERTIES TO GO LLC**

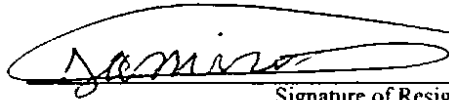
Name of Limited Liability Company

L14000142754

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:

SAMIRA HUSSEIN

Typed or Printed Name

AMBR

Capacity

FILED
2010 SEP 21 AM 8:24
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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**