

L14000 164324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

JUL 08 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2016

RICHARD M. MOGERMAN
8211 WEST BROWARD BOULEVARD
SUITE 200
PLANTATION, FL 33324

SUBJECT: DATURA & OLIVE HOTEL ASSOCIATES LLC
Ref. Number: L14000164324

We have received your document for DATURA & OLIVE HOTEL ASSOCIATES LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP - LP, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 516A00013177

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Datura & Olive Hotel Associates, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000164324

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:

William P. Jacobson
Name of Person

William P. Jacobson P.A.
Name of Firm/Company

105 South Narcissus Ave Suite 200
Address

West Palm Beach Florida 33401
City/State and Zip Code

Bill@WPTJaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William P. Jacobson at (561) 833-4440
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

RICHARD M. MOGERMAN, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for DATURA & OLIVE HOTEL ASSOCIATES LLC

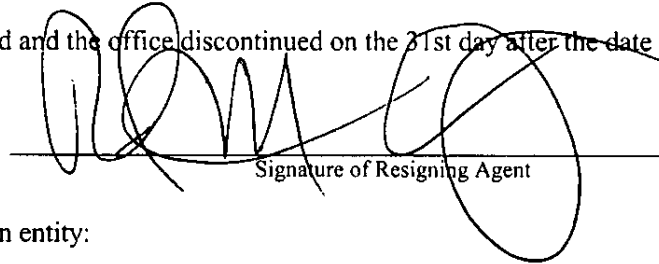
Name of Limited Liability Company

L14000164324

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:

RICHARD M. MOGERMAN

Typed or Printed Name

Capacity

FILED
2018 JUL -1 P 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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