

L141000168894

(Requestor's Name)

(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:

Office Use Only



100265492521

11/04/14--01004--013 **85.00

RECEIVED
FEB 11 2015
TAMPA, FLORIDA

FILED
NOV -4 PM 12:13

LC
R. WHITE

NOV 14 2014

R. WHITE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stronghold Property Investments, LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L14000168894

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:

AnaMaria Rivera

Name of Person

Stronghold Property Investments, LLC

Name of Firm/Company

3851 SW 160th Ave #108

Address

Miramar, FL 33027

City/State and Zip Code

connect@anamariarivera.com

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

For further information concerning this matter, please call:

AnaMaria Rivera

954

632-6099

at ()

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

_____, hereby resigns as
Name of Registered Agent

Registered Agent for Stronghold Property Investments, LLC

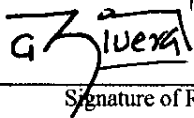
Name of Limited Liability Company

L14000168894

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:

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

FILED
NOV - 4 PM 12:13
TALLAHASSEE, FLORIDA