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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN
Account Number : I20020000140
Phone : (561)844-3600
Fax Number : (561)842-4104

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: brian@capitalcorporations.com

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**LLC REGISTERED AGENT RESIGNATION
PALAZZO 21, LLC**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PALAZZO 21, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000174554

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:

GREGORY R. COHEN, ESQ.

Name of Person

COHEN NORRIS WOLMER RAY TELEPMAN COHEI

Name of Firm/Company

712 U.S. HIGHWAY ONE, SUITE 400

Address

NORTH PALM BEACH, FL 33408

City/State and Zip Code

brian@capitalcorporations.com

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

For further information concerning this matter, please call:

Gregory R. Cohen

Name of Person

at (561) 844-3600

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

COHEN NORRIS WOLMER RAY TELEPMAN COHEN, hereby resigns as
Name of Registered Agent

Registered Agent for PALAZZO 21, LLC

Name of Limited Liability Company

L140000174554

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:

Gregory R. Cohen, Esq.

Typed or Printed Name

Partner

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

TALLAHASSEE, FL
FLORIDA DEPARTMENT OF STATE

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