

L14000195830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

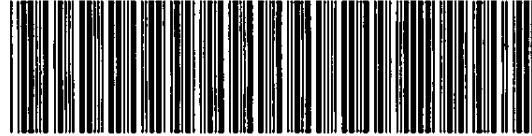
(Business Entity Name)

(Document Number)

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FILING CANCELLED
RETURNED CHECK

02/17/16--01020--016 **85.00

FILED
16 FEB 17 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 18 2016
I. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Illustradent Key Biscayne PLLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000195830

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:

Ron Rosenberg

Name of Person

Illustradent Key Biscayne PLLC

Name of Firm/Company

240 Crandon Blvd., Suite 104

Address

Key Biscayne, FL 33149

City/State and Zip Code

drronrosenberg@gmail.com

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

For further information concerning this matter, please call:

Ron Rosenberg

646

382-8727

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Nilo A. Hernandez Jr

, hereby resigns as

Name of Registered Agent

Illustradent Key Biscayne PLLC

Registered Agent for

Name of Limited Liability Company

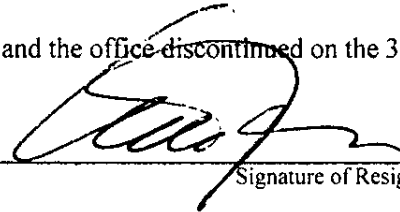
L14000195830

Document Number, if known

**FILING CANCELLED
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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:

Nilo A. Hernandez Jr

Typed or Printed Name

Manager

Capacity

FILED
16 FEB 17 PM 3:36
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**