L15000022286

(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

600310041736

03/09/18--01019--014 **85.00

FILED
18 MAR -9 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
MAR 11 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prime Properties Florida L.L.C.
Name of Limited Liability Company

DOCUMENT NUMBER: L15000002286

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:

Karen Slind
Name of Person

Prime Properties Florida L.L.C.
Name of Firm/Company

4415 Florida Natl Dr. #104
Address

Lakeland, FL. 33813
City/State and Zip Code

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

For further information concerning this matter, please call:

Karen Slind at (904) 403.3164
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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

KAREN SLIND, hereby resigns as

Name of Registered Agent

Registered Agent for Prime Properties Florida L.L.C.

Name of Limited Liability Company

L15000002286

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.

X Karen Slind

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED
18 MAR -9 PM 12:41
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

INHS17 (2/14)