L15000	10242		
(Requestor's Name) (Address) (Address)	100336594171		
(City/State/Zip/Phone #)	11/04/1901006805 ★★650.00		
Certified Copies Certificates of Status	64 :CH 1- AUA 61 12 - 1 - AUA 61 14 - ASN 8480		
Office Use Only	NOV - 5 2019		

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FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED REGISTERED AGENT RESIGNATIONS FOR:

FERRARA SIGNATURE DEVELOPERS, LLC

PLEASE RETURN A STAMPED COPY

CHECK# 8454 FOR: \$650.00 (\$25.00 for this filing)

THANK YOU!

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

ATRIUM REGISTERED AGENTS, INC.

____, hereby resigns as

Name of Registered Agent

Registered Agent for ______ FERRARA SIGNATURE DEVELOPERS, LLC

Name of Limited Liability Company

L15000010242

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:			1- 7.04 Bir	
RALPH A. NARDI		· •	35	:
	Typed or Printed Name	•	<u></u>	• •
VICE PRESIDENT, DIRECTOR		•	 С	
			E.	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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