

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000284822 3)))



H21000284822348C\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : SHUTTS & BOWEN, LLP Account Number : 076447000313 Phone : (305)358-9166 Fax Number : (305)347-7766 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** 2021 JUL 27 Email Address:DPerez@shutts.com 8:40 FILEB LLC REGISTERED AGENT RESIGNATION AH 10 AH BELMONT PORTEN PROPERTIES LLC 0 Certificate of Status ഹ 0 2021 JUL Certified Copy 02 Page Count \$85.00 Estimated Charge Corporate Filing Menu Help Electronic Filing Menu

1Ш

-

(((H21000284822 3)))

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

CORPORATION COMPANY OF MIAMI

, hereby resigns as

Name of Registered Agent

Registered Agent for ______

Name of Limited Liability Company

L15000031907

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:

Gary J. Cohen

Typed or Printed Name

Vive President

Cupacity

FILING FEES:

Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ <u>85.00</u> 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

FILED

INHS17 (2/14)