

L1500044484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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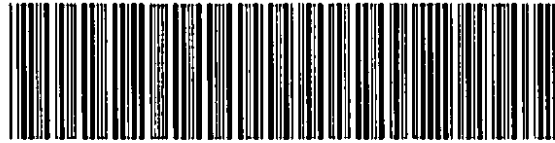
(Business Entity Name)

(Document Number)

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D. SCOTT

DEC 14 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Property NW 24th Court, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L15000044484

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:

William Seitz, Esq. and Curtis Mase, Esq.

Name of Person

Mase Tinelli Mebane & Briggs, P.A.

Name of Firm/Company

2601 S. Bayshore Dr, Suite 800

Address

Miami, FL 33133

City/State and Zip Code

wseitz@maselaw.com and cmase@maselaw.com

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

For further information concerning this matter, please call:

William Seitz

at (

305

377-3770

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
DEC 13 PM 3:33
TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

William R. Seitz

, hereby resigns as

Name of Registered Agent

Registered Agent for SOUTHERN PROPERTY NW 24TH COURT, LLC

Name of Limited Liability Company

L15000044484

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:

Mase Tinelli Mebane & Briggs, P.A.

Typed or Printed Name

Shareholder

Capacity

TALLAHASSEE, FLORIDA

2017 DEC 13 P 3:33

FILED

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