

**L15000069010**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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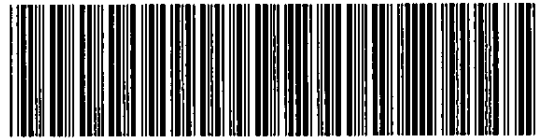
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**  
**FEB 08 2017**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Majestic Bayside, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L15000069010

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:

Jill Browner  
Name of Person

Privcap Companies LLC  
Name of Firm/Company

7200 W. Camino Real #200  
Address

Boca Raton, FL 33433  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jill Browner at (561) 952-2501 ext. 205  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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TALLAHASSEE, FLORIDA

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

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

Privcap Companies, LLC, hereby resigns as  
Name of Registered Agent

Registered Agent for Majestic Bayside LLC  
Name of Limited Liability Company

LSDDDD0069010  
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]  
Signature of Resigning Agent

If signing on behalf of an entity:

Daniel Cohen  
Typed or Printed Name  
Mgr.  
Capacity

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TALLAHASSEE, FLORIDA

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