

L15000095856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

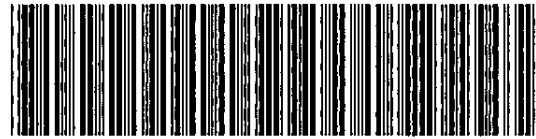
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

MAR 21 2017
Y SULKER

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Fadi Bahri

, hereby resigns as

Name of Registered Agent

Registered Agent for CENSIG GABLES HOLDINGS LLC


Name of Limited Liability Company

L15000085856


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 | Fadi Bahri

If signing on behalf of an entity:

 N/A
Typed or Printed Name

____ N/A
Capacity

17 MAR 20 PM 02:20
DEPARTMENT 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withdrawn limited liability company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