

To: '8506176383

From: Danielle Marie

12/6/2021 7:04:11 PM

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12/6/21, 6:01 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Fax Number : (850)617-6383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL  
Account Number : 076666002273  
Phone : (904)398-3911  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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LLC REGISTERED AGENT RESIGNATION  
SPRINGHILL APARTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

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SUNSHINE STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Springhill Apartments, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000091099

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:

Joseph H. O'Shields

Name of Person

Rogers Towers, P.A.

Name of Firm/Company

1301 Riverplace Blvd. Suite 1500

Address

City/State and Zip Code

Jacksonville, Florida 32207

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

For further information concerning this matter, please call:

Gloria Rivera

at (904) 346-5726

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

H21000445047

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

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

Joseph H. O'Shields, hereby resigns as

Name of Registered Agent

Registered Agent for Springhill Apartments, LLC

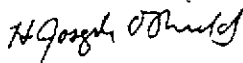
Name of Limited Liability Company

L15000091099

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:

Typed or Printed Name

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

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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