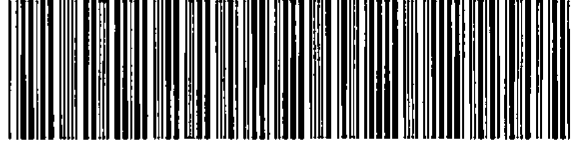


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08/20/19--01013--011 **60.00

08/20/19--01013--010 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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2019 AUG 20 PM 12:57
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TALLAHASSEE

V. SULKER
AUG 29 2019

Patricia Lebow, Partner
T (561) 366-5302

patricia.lebow@nelsonmullins.com

One North Clematis Street Suite 500
West Palm Beach, FL 33401
T 561.832.3300 F 561.655.1109
nelsonmullins.com

August 19, 2019

VIA FEDEX OVERNIGHT

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

*Re: Statement of Resignation of Registered Agent for a Limited Liability Company:
Tricony Realty, LLC*

Dear Sir/Madam:

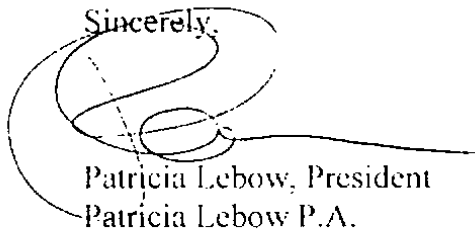
Enclosed please find a fully completed Statement of Resignation of Registered Agent for a Limited Liability Company for Tricony Realty, LLC together with a filing fee of \$85.00.

Please process and send me the confirmation of resignation from the above entity.

If you have any questions regarding the enclosed, please feel free to contact me. My cell phone is (561) 762 -2402.

Thank you for your assistance in this matter.

Sincerely,



Patricia Lebow, President
Patricia Lebow P.A.

PL/bk
Enclosures

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

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

Patricia Lebow, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for TRICONY REALTY, LLC

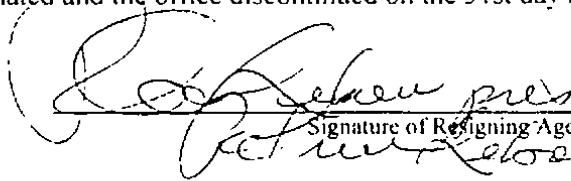
Name of Limited Liability Company

L15000106123

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
Patricia Lebow PA

If signing on behalf of an entity:

Patricia Lebow, P.A.

Typed or Printed Name

President

Capacity

FILED
2019 AUG 20 PM 1:08
Tallahassee, FL

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**