

L15000 130082

(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:

Sign

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18 FEB -5 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
FEB 7 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1040 SM, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000130082

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:

Jennifer Britton

Name of Person

Chieftain Properties

Name of Firm/Company

2434 E Las Olas Blvd

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

jennifer.britton@chieftainproperties.com

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

For further information concerning this matter, please call:

Jennifer Britton at (954) 522-6556

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

FILED
18 FEB -5 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Dale Reed

Name of Registered Agent

, hereby resigns as

Registered Agent for 1040 SM, LLC

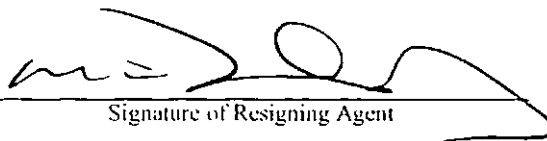
Name of Limited Liability Company

L15000130082

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:

Dale Reed

Typed or Printed Name

Registered Agent

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
Division of Corporations

January 18, 2018

CHIEFTAIN PROPERTIES
JENNIFER BRITTON
2434 E LAS OLAS BLVD.
FORT LAUDERDALE, FL 33301

SUBJECT: 1040 SM, LLC
Ref. Number: L15000130082

We have received your document for 1040 SM, LLC and your check(s) totaling \$600.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Document must be signed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 418A00001158