

To: '8506176383

From: Dan State

12/6/2021 6:48:54

P. 2 of 4

12/6/21, 6:42 PM

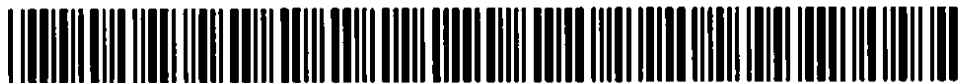
Division of Corporations

L 15000/43563

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL
Account Number : 076666002273
Phone : (904)398-3911
Fax Number : (904)396-0663

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DIVISION OF CORPORATIONS

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LLC REGISTERED AGENT RESIGNATION
PERRYTOWN GP LLC

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

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Perrytown GP, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L15000143563

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

Name of Person

at (904)

Area Code

346-5726

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

H21000445038

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

Name of Registered Agent

Registered Agent for Perrytown GP, LLC

Name of Limited Liability Company

L15000143563

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.

H. Joseph O'Shields

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

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