

L15000172949

(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



900278590419

11/02/15--01044--005 **85.00

FILED
15 NOV -2 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 04 2015

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIFE PROPERTIES 100, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L15000172949

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:

LAURA CAILLOT

Name of Person

Name of Firm/Company

5900 NW 99TH AVENUE UNIT 4

Address

MIAMI FLORIDA 33178

City/State and Zip Code

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

For further information concerning this matter, please call:

LAURA CAILLOT

Name of Person

at (786)

2523214

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

LAURA CAILLOT

_____, hereby resigns as
Name of Registered Agent

Registered Agent for LIFE PROPERTIES 100, LLC

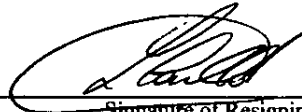
Name of Limited Liability Company

L15000172949

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:

LAURA CAILLOT

Typed or Printed Name

RA

Capacity

FILED
15 NOV -2 PM 2:51
SECRETARY 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