

L16000001871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

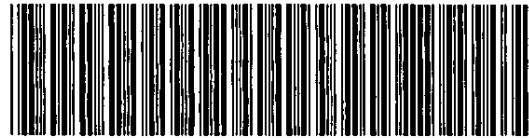
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11:51 AM
17 MAY 22 AM 7:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 23 2017
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Studio PRP Property, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L160000001871

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:

Lisbeth W. Roy
Name of Person

Studio PRP Property, LLC
Name of Firm/Company

2300 Glades Road, STE 260
Address

Boca Raton, FL 33431
City/State and Zip Code

lisbethwroy@me.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisbeth W. Roy at (813) 230-4114
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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**

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

Jill Swartz _____, hereby resigns as

Name of Registered Agent

Registered Agent for Studio PRP Property, LLC _____

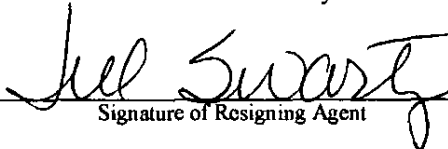
Name of Limited Liability Company

L16000001871 _____

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:

Jill Swartz _____

Typed or Printed Name

Registered Agent _____

Capacity

FILED
17 MAY 22 AM 7:07
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