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	Phone	: (305)444-7662	⊡. <b>≍</b>
	Fax Number	: (305)444-7275	<u>.</u>
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Enter	the email addres	s for this business entity to be	
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## LLC REGISTERED AGENT RESIGNATION 400 SUNNY ISLES 1206, LLC



S. PRATHER

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

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

Arista Law & Tax

\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for 400 SUNNY ISLES 1206, LLC

Name of Limited Liability Company

L1600007622

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:

Eduardo R. Arista

Typed or Printed Name

President

Capacity

FILING 1 \$ 85.00 \$ 25.00		ар <mark>н</mark>	MAR	
Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		SSEE. FL	AM 9: 09	

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