

L16090066376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

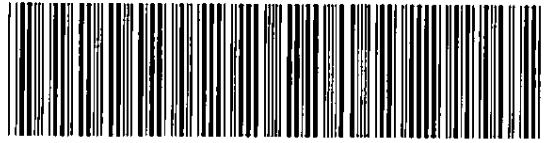
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

RA Resign

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5 CHATHAM
NOV 15 2023

2023 NOV 14 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

2023 NOV 14 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE :
AUTHORIZATION : *[Handwritten Signature]*
COST LIMIT : \$85.00

ORDER DATE : 11/14/2023

ORDER TIME : 1:14 PM

ORDER NO. :

CUSTOMER NO:

CHANGE OF AGENT

NAME: 2313 East Fletcher Avenue Owner I LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY

CONTACT PERSON: ALEXIS WEILAND-SORENSEN

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2313 East Fletcher Avenue Owner I LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000066376

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:

RESIGNATIONS DEPARTMENT
Name of Person

CORPORATION SERVICE COMPANY
Name of Firm/Company

251 LITTLE FALLS DRIVE
Address

WILMINGTON, DE 19808
City/State and Zip Code

ANNUALREPORTS@CSCGLOBAL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RESIGNATION DEPT at (800) 927-9801
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

CORPORATION SERVICE COMPANY _____, hereby resigns as

Name of Registered Agent

Registered Agent for 2313 East Fletcher Avenue Owner I LLC

Name of Limited Liability Company

116000066376

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.

Alexxis Weiland-Sorenson, AVP

Signature of Resigning Agent

If signing on behalf of an entity:

BY ALEXXIS WEILAND-SORENSEN

Typed or Printed Name

VICE PRESIDENT

Capacity

FILED
2023 NOV 14 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FL

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