0006

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES

Account Number : 075350000353

Phone Fax Number

: (800)221-2972 : (888)692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC REGISTERED AGENT RESIGNATION 1268 N COLLIER BLVD LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

COVER LETTER

TO:	Registration Section Division of Corporations			
SURI	FCT: 1268 N COLLIER BLVD LLC			
SUBJECT: Name of Limited Liability Company				
DOC	UMENT NUMBER: L16000067470			
The enfor fil	nclosed Resignation of Registered Agent for a Liming.	ted Liability Company and fee are submitted		
Please	return all correspondence concerning this matter to	the following:		
TRA	CEE COTTON			
	Name of Person			
BLU	MBERGEXCELSIOR CORPORATE SERVICE	S,		
	Name of Firm/Company			
16 C	OURT ST 14TH FLOOR			
	Address			
BRO	OKLYN, NY 11241			
	City/State and Zip Code			
Ē	mail address: (to be used for future annual report notification)		
For fu	rther information concerning this matter, please cal	l:		
TRA	Name of Person at (Area Co	221-2972 X1550		
	Name of Person Area Co	de 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

	.
Pursuant to the provisions of section 605.0115, Florida Statutes, the undersign	ned,
BLUMBERGEXCELSIOR CORPORATE SERVICES, INC., he	reby resigns as
Name of Registered Agent	SE U
Registered Agent for 1268 N COLLIER BLVD LLC	P .
Registered Agent 101	70 5
Name of Limited Liubility Company	988
L16000067470	No.
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability com	ipany 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.

If signing on behalf of an entity:

ZEINA HASSOUN

Typed or Printed Name

ASSISTANT SECRETARY

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 Tultabassee, FL 32314