

L 16000078419

(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



600313390336

05/22/18--01008--014 **595.00

Office of the
TALLAHASSEE, FLORIDA

2018 MAY 21 AM 11:34

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WAVELAND PROPERTIES MANAGEMENT, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000078419

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:

Datan Dorot

Name of Person

Dorot & Bensimon PL

Name of Firm/Company

20295 NE 29th PLACE Suite 201

Address

Aventura, FL 33180

City/State and Zip Code

info@dorotbensimon.com

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

For further information concerning this matter, please call:

Datan Dorot

at (305) 921-9421

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Dorben Corporate Services, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for WAVELAND PROPERTIES MANAGEMENT, LLC

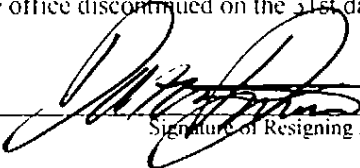
Name of Limited Liability Company

L16000078419

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:

Datan Dorot

Typed or Printed Name

Manager or Registered Agent
Capacity

FILED
MAY 21 AM 11:34
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