

L 16000080729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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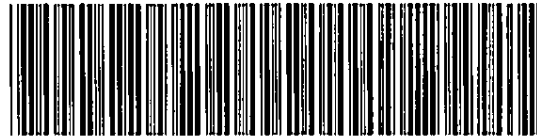
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEAVEN NA KEN APARTMENTS, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L1600080729

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

Name of Person

at (305) 921-9421

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 HEAVEN NA KEN APARTMENTS, LLC

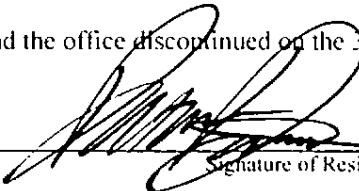
Name of Limited Liability Company

L1600080729

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

Registered Agent/ MANAGER
Capacity

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TALLAHASSEE, FLORIDA

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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