L1600087980

(Re	questor's Name)	
(Ad	dress)	
(4.1		
DA)	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
	ocument Number)	
(20	cament Number,)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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04/10/18--01016--006 **110.00

05/16/18--01020--003 **25.00

NECOLIARY OF STATE

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MAY 1 7 2018



April 18, 2018

DENNIS R HABER, PA ATTN:DENNIS R HABER, ESQ 8925 SW 148 STREET #200 PALMETTO BAY, FL 33176

SUBJECT: 12948 LLC

Ref. Number: L16000087980

We have received your document for 12948 LLC and your check(s) totaling \$110.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To resign as registered agent for an active limited liability company, the enclosed resignation form should be completed and returned with a filing fee of \$85.00.

There is a balance due of \$60.00. \$25

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 318A00007933

-Yasemin-Y-Sulker Vorn found out-Regulatory Specialist II

FOR ANNU DATE 1.45 TIME P.M.

M OF SO - 2 U FAX/CELL 6 7 G

PHONE TELEPHONED

RETURNED YOUR CALL

PLEASE CALL

WILL CALL AGAIN

CAME TO SEE YOU

SIGNED

WANTS TO SEE YOU

COVER LETTER

SUBJECT: Nan	ne of Limited Liabil	lity Company
DOCUMENT NUMBER: L1600008		
		ted Liability Company and fee are submitted
Please return all correspondence concer	ming this matter to	the following:
Dennis R. Haber, Esq.		
Name of Person		
Dennis R. Haber,PA		
Name of Firm/Compar	ny	
8925 SW 148 Street #200		
Address		
Palmetto Bay, FL 33176		
City/State and Zip Coo	lc	
Dennis@lawyermiami.com		
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this	matter, please cal	l:
Dennis Haber	305	256-3002
Name of Person	Area Coo	256-3002 de Daytime Telephone Number

MAILING ADDRESS:

TO: Registration Section Division of Corporations

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 provisi	ons of section 605.0115, Florida Stati	utes, the undersigned,	
James Starkweath	er	, hereby resigns as	
	Name of Registered Agent	, nereby resigns as	
Registered Agent for _	12948 LLC		
	Name of Limited Liability Cor	npany	
L1600087980			
Document N	umber, if known		
A copy of this resignati	on was mailed to the above listed lim	uited liability company at its last kno	own address.
The agency is terminate	ed and the office discontinued on the Signature of Res		IL AHASSEE
	TAMES STAPLLW Typed or Printed Na MGR Capacity	CATLER	PH 5: 09 OF STATE OF STATE

\$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