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Office Use Only



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TORETARY OF STATE

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SWARREN

COVER LETTER

SUBJECT: 3 in 3 Realth LLC Name of Limited Liability Company
DOCUMENT NUMBER: L16060094219
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:
Danald Garbach Name of Person
Name of Firm/Company
S 550 Glodes Ro. Sules 00 Address
S 550 Glodes Ro. Svitos 00 Address Boca Raton, Florida 3343 City/State and Zip Code
E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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 provisions of section 605.0115, Florida Statutes, the undersigned,		
James A. Scandirito II, hereby	resiens as	
Name of Registered Agent		
Registered Agent for Sin 3 Realty, LLC		
Name of Limited Liability Company		
L16000094219		
Document Number, if known		
A copy of this resignation was mailed to the above listed limited liability company	at its last known a	ddress.
The agency is terminated and the office discontinued on the 31st day after the date	on which this state	ment is filed
	, 53	
Signature of Resigning Agent	- TAI	enging
If signing on behalf of an entity:	SETAR	man a
Typed or Printed Name	Y OF S	M
Capacity	2: 55 F STATE 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withdrawn limited liability company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 mall to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314