

L16 000 115595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

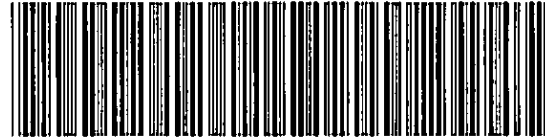
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 APR -6 PM 5:32  
TOLSON ASSOCIATES, PLLC

RH/RES

JUN 07 2021

J ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VILLA TUSCANY HOLDINGS, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000115595

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:

Brook Rose

Name of Person

VILLA TUSCANY HOLDINGS, LLC

Name of Firm/Company

2114 Bancroft Place NW

Address

Washington, DC 20008

City/State and Zip Code

brook@brookrose.com

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

For further information concerning this matter, please call:

Brook Rose

Name of Person

at ( 407 ) 718-7937  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Swift Law Office \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for VILLA TUSCANY HOLDINGS, LLC

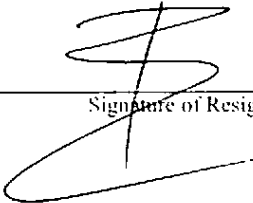
\_\_\_\_\_  
Name of Limited Liability Company

L16000115595

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:

Benjamin Swift

\_\_\_\_\_  
Typed or Printed Name

President

\_\_\_\_\_  
Capacity

**FILED**  
2021 APR -6 PM 5:32  
TALLAHASSEE, FL

## **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**