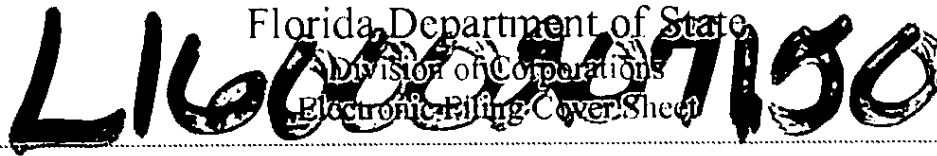


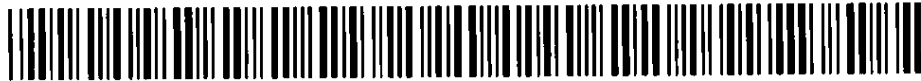
4/30/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H200001269503ABCZ

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.
Account Number : 120010000025
Phone : (786)899-2235
Fax Number : (305)935-9042

2020 APR 30 AM 11:40

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: kleopold@leopoldkorn.com

RECEIVED

2020 APR 30 PM 1:16

LLC REGISTERED AGENT RESIGNATION
CAYA 1508 1B LLC

Certificate of Status	0
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MAY 01 2020

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Corporate Filing Menu

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

LEOPOLD KORN, P.A., hereby resigns as
Name of Registered Agent

Registered Agent for CAYA 1508 1B LLC

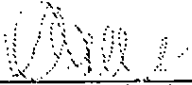
Name of Limited Liability Company

L16000207150

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:

Karen S. Leopold

Typed or Printed Name

President

Capacity

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withdrawn limited liability company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