

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-0063

From:

Account Name : STRAUS & FISHER, P.A.
Account Number : 120140000001
Phone : (954) 431-2000
Fax Number : (954) 499-5450

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

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
BARWORKS MIAMI, LLC

Certificate of Status	1
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Corporate Filing Menu

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SEP 29 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BARWORKS MIAMI LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L16000229913

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:

Arnold M. (Skip) Straus, Jr.

Name of Person

Straus & Eisler PA

Name of Firm/Company

10081 Pines Blvd., Suite C

Address

Pembroke Pines, FL 33024

City/State and Zip Code

joanne@strauseisler.com

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

For further information concerning this matter, please call:

Joanne Curran

954

431-2000

Name of Person

at

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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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,

Straus & Eisler PA

Name of Registered Agent

, hereby resigns as

Registered Agent for BARWORKS MIAMI LLC

Name of Limited Liability Company

L16000229913

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:

Arnold M. (Skip) Straus, Jr. |

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

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