

L17000021013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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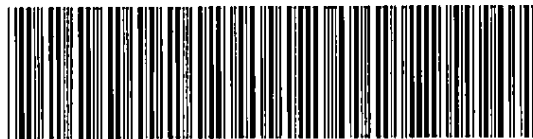
(Business Entity Name)

(Document Number)

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CLERK OF COURT  
JULIA A. GREGG

RA Resignation

MAY 24 2023

D CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UNITED REALTY UR FL LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L17000021013

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:

Melinda Bresnahan

Name of Person

Name of Firm/Company

5725 N Elkcarn Blvd

Address

Beverly Hills, FL 34465

City/State and Zip Code

fducharme@unitedrealtymta.com

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

For further information concerning this matter, please call:

Melinda Bresnahan

at (352) 697-2931

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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2023 MAR 10 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

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

Melinda Bresnahan

, hereby resigns as

Name of Registered Agent

Registered Agent for UNITED REALTY UR FL LLC

Name of Limited Liability Company

LI7000021043

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.

Melinda A Bresnahan  
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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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2023 MAR 10 PM 3:15  
SECRETARY OF STATE  
FLORIDA