

L17000027537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

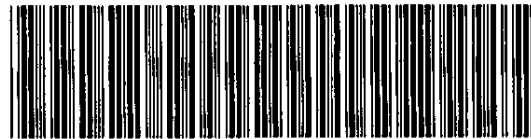
(Business Entity Name)

(Document Number)

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FILE  
2017 OCT 13 AM 8:28  
FALL ARREST 010839A

OCT 17 2017  
J. HARRIS

## COVER LETTER

**TO:** Jenna Harris  
Division of Corporations

**SUBJECT:** PRAXIS CAPITAL GROUP, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L17000027537

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:

Beth Campbell

Name of Person

Shapiro, Blasi, Wasserman & Hermann, PA

Name of Firm/Company

7777 Glades Road, Suite 400

Address

Boca Raton, FL 33434

City/State and Zip Code

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

For further information concerning this matter, please call:

Beth Campbell

Name of Person

at (561) 477-7800

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

RECEIVED  
2017 OCT 13 AM 11:48  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 24, 2017

JOHN C MARTINEZ  
401 E LAS OLAS BLVD, STE 400  
FORT LAUDERDALE, FL 33301

SUBJECT: PRAXIS CAPITAL GROUP LLC  
Ref. Number: L17000027537

We have received your document for PRAXIS CAPITAL GROUP LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 117A00017456

FILED  
2017 OCT 13 AM 8:26  
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,

SHAPIRO, BLASI, WASSERMAN & HERMANN, PA, hereby resigns as

Name of Registered Agent

Registered Agent for PRAXIS CAPITAL GROUP, LLC

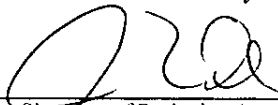
Name of Limited Liability Company

L17000027537

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:

ANDREW M. DECTOR, ESQ.

Typed or Printed Name

VICE-PRESIDENT

Capacity

### **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

FILED  
2017 OCT 13 AM 6:26  
TALLAHASSEE, FL

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314