

L17000051902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

A. RIVERS

FEB 20 2023



200397658522

11/17/2022 11:17:13 PM

11/17/2022 11:17:13 PM

11/17/2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1978 Property Holdings, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L17000051902

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:

Giny Mullins

---

Name of Person

Name of Firm/Company \_\_\_\_\_

41 Habersham Cove Drive NW  
Address

Atlanta, Georgia 30305

---

City/State and Zip Code

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

For further information concerning this matter, please call:

Giny Mullins                      404                788-4005  
\_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

Joshua Kuder

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for 1978 Property Holdings, LLC

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

L17000051902

\_\_\_\_\_  
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:

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

\_\_\_\_\_  
Capacity

2022 1 17 1 12:13

### 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