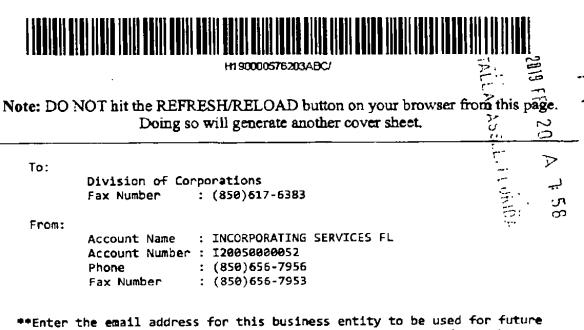
**Division of Corporations** Electronic Filing Cover Sheet

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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annual report mailings. Enter only one email address please.\*\*

Email Address:

# LLC REGISTERED AGENT RESIGNATION NORTHEAST REALTY HOLDING, LLC

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### COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: NORTHEAST REALTY HOL	DING	, LLC		281 FALL
Name of		d Liability (	Company	<del>رن</del>
DOCUMENT NUMBER: L17000121128	8		····	표 등 <del>보</del> 2
The enclosed Resignation of Registered Agfor filing.	ent for	a Limited	Liability Company an	d fee are s
Please return all correspondence concerning	g this m	natter to the	following:	761/40 T. 0 C. 3
Amanda Archambault				761.
Name of Person				
INCORPORATING SERVICES, LTD.				
Name of Firm/Company		<del></del>		
3500 SOUTH DUPONT HIGHWAY				
Address				
DOVER, DE 19901				
City/State and Zip Code				
aarchambault@incserv.com				
E-mail address: (to be used for future annual r	eport no	tification)		
For further information concerning this ma	tter, pl	ease call:		
	at (	800	346-4646	
Name of Person		Area Code	Daytime Telephone N	umber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limit liability company.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

INHS17 (2/14)

#19000057621

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the under	rsign <b>ed,</b>				
INCORPORATING SERVICES, LTD.	, hereby resigns as				
Name of Registered Agent	2019				
Registered Agent for NORTHEAST REALTY HOLDING, LLC	<u> </u>				
Name of Limited Liability Company	2. 2				
L17000121128					
Document Number, if known	58 58				
A copy of this resignation was mailed to the above listed limited liability	, · · · · · · · · · · · · · · · · · · ·				
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.					
Aforchambautt- Signamire of Resigning Agent	<del></del>				
If signing on behalf of an entity:					
AMANDA ARCHAMBAULT					
Typed or Printed Name					
ASSISTANT SECRETARY					
Capacity	<del></del>				

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

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

INHS17 (2/14)