

L17000150372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

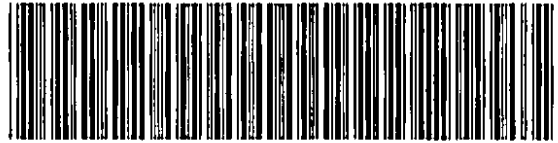
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STATE OF FLORIDA
TALLAHASSEE, FL

2022 AUG -9 AM 8:44

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FG REALTY II LLC

Name of Limited Liability Company

DOCUMENT NUMBER: 1.17000150372

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:

Jose L Torres

Name of Person

Jose L Torres, P.A.

Name of Firm/Company

13331 SW 100 CT

Address

Miami, FL 33176

City/State and Zip Code

jtorres@jltorrespa.com

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

For further information concerning this matter, please call:

Jose L Torres

Name of Person

at (305) 338-0701

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Jose L Torres, on behalf of Jose L Torres, P.A. _____, hereby resigns as

Name of Registered Agent

Registered Agent for FG REALTY II LLC

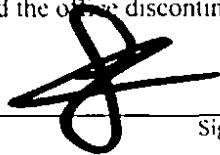
Name of Limited Liability Company

L17000150372

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:

Jose L Torres

Typed or Printed Name

President

Capacity

STATE OF FLORIDA
TALLAHASSEE, FL

2022 AUG -9 AM 8:44

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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