

L17 000 155 840

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MARINA554, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L17000155840

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:

Scott A. Frank  
Name of Person

Law Offices of Scott A. Frank, P.A.  
Name of Firm/Company

3201 W. Commercial Blvd., #218  
Address

Fort Lauderdale, FL 33309  
City/State and Zip Code

sfrank@safllaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott A. Frank at ( 561 ) 826-5400  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

LAW OFFICES OF SCOTT A FRANK, PA

, hereby resigns as

Name of Registered Agent

Registered Agent for MARINA554, LLC

Name of Limited Liability Company

L17000155840

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:

SCOTT A FRANK

Typed or Printed Name

PRESIDENT

Capacity

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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