

L17000201830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

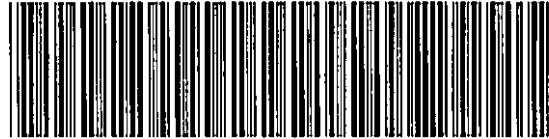
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900355000909

11/16/20--01020--005 **25.00

CLERK OF STATE
TALLAHASSEE, FL

2020 NOV 16 PM 4:29

FILED

O SIMMONS

DEC 18 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SB TENTEN 2007 LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000201830

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:

Federico Mautone

Name of Person

R&S International Law Group, LLP

Name of Firm/Company

1000 Brickell Avenue, 400

Address

Miami, Florida 33131

City/State and Zip Code

lblanco@rsmiami.com

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

For further information concerning this matter, please call:

Lidia Blanco

305

349-1500

Name of Person

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Corporate Maintenance Services, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for SB TENTEN 2007 LLC

Name of Limited Liability Company

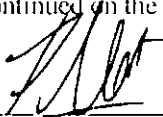
L17000201830

Document Number, if known

FILED
2020 NOV 16 PM 4:29
STATE
TALLAHASSEE, FL

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:

Federico Mautone

Typed or Printed Name

Attorney

Capacity

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