

11/19/24, 1:01 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WARD, DAMON & POSNER, P.A.

Account Number : 872262000447

Phone : (561)842-3000

Fax Number : (561)842-3626

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: MSAROFSKY@WARD DAMON.COM

LLC REGISTERED AGENT RESIGNATION

TLH-101 DAVENPORT HWY 17, LLC

Certificate of Status	0
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K. SALY

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TLH-101 DAVENPORT HWY 17, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L17000245764

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:

MAHRA C. SAROFKY, ESQ.

Name of Person

WARD DAMON PL

Name of Firm/Company

4420 BEACON CIRCLE

Address

WEST PALM BEACH, FL 33407

City/State and Zip Code

MSAROFKY@WARD DAMON.COM

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

For further information concerning this matter, please call:

MAHRA SAROFKY

Name of Person

at (561)

Area Code

842-3000

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Ward Damon

Name of Registered Agent

, hereby resigns as

Registered Agent for TLH-101 DAVENPORT HWY 17, LLC


Name of Limited Liability Company

L17000245764

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:

CATHLEEN D. WARD

Typed or Printed Name

PARTNER

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

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TALLAHASSEE, FLORIDA