

L17000240044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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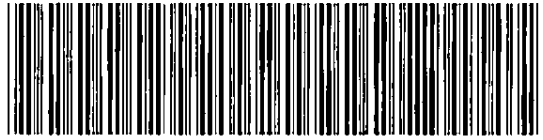
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Litterio Properties, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L17000260044

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:

Michael Crew  
Name of Person  
Southern Legal, P.A.  
Name of Firm/Company  
238 Miracle Strip Pkwy SW  
Address  
Fort Walton Beach, FL 32548  
City/State and Zip Code  
mike@southern.legal  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Crew at ( 850 ) 244-0400  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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CLERK OF THE STATE  
TALLAHASSEE, FL

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Southern Legal, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for

Litterio Properties, LLC

Name of Limited Liability Company

L17000260044

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.

*Michael Crew*

Signature of Resigning Agent

If signing on behalf of an entity:

*Michael Crew*

Typed or Printed Name

Manager

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