

2/16/24, 10:12 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L17000263046

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**LLC REGISTERED AGENT RESIGNATION
PISHEVAR FAMILY OFFICE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

M. SOLOMON

FEB 16 2024

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2024 FEB 16 PM 1:33

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

eResidentAgent, Inc.

Name of Registered Agent

, hereby resigns as

Registered Agent for PISHEVAR FAMILY OFFICE, LLC

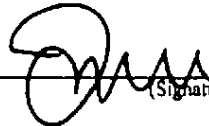
Name of Limited Liability Company

L17000263046

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:

Jeffrey A Unger

Typed or Printed Name

President

Capacity

2024 FEB 16 PM 1:33

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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