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COVER LETTER

1114 BROTHERS LLC **SUBJECT:** Name of Limited Liability Company L18000015522 DOCUMENT NUMBER: 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: JAMES MCGRATH Name of Person Name of Firm/Company 8860 SW 96 STREET Address MIAMI, FL 33176 City/State and Zip Code mcgrat07@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **GREG HERSKOWITZ** Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 60	05.0115, Florida Statutes, th	e undersigned.
GREG HERSKOWITZ P.A.		, hereby resigns as
Name of Register	_	; norooy rong.io as
Registered Agent for1114 BROTH	HERS LLC	
Name	of Limited Liability Company	,
L18000015522		24. 28
Document Number, if known	 _	
A copy of this resignation was mailed to The agency is terminated and the office		ay after the date on which this statement stilled
If signing on behalf of an entity:		
	Typed or Printed Name	
·- <u>-</u>	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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