L18000057864

(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:
\ \ (\)
9/14
Office Use Only



800346814138

CT 33/3 --0:030--025 ••35.00

RECEIVED
JUL 1 5 2020

09/29/20--01031--002 **50.00

1920 S.C. In Value 5.2.

Ja 01/22/20



2020年 11:01年33

Letter Number: 420A00016703

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2020

MICHAEL A. BLANCO M. BLANCO & CO LLP 8360 W FLAGLER STREET, STE 201 MIAMI, FL 33144

SUBJECT: SURF AND TURF BRICKELL LLC

Ref. Number: L18000057864

We have received your document for SURF AND TURF BRICKELL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce Corporate Records Supervisor II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations

SURF AND TURF BRICKELL LLC SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L18000057864	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
MICHAEL A. BLANCO	
Name of Person	
M. BLANCO & CO LLP	
Name of Firm/Company	
8360 W FLAGLER STREET STE 201	
Address	
MIAMI, FL 33144	
City/State and Zip Code	
MICHAEL@BLANCOLLP.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MICHAEL A. BLANCO 305	615-2655
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115	5, Florida Statutes, the unc	lersigned,	
MICHAEL A. BLANCO			, hereby resigns as	
N	lame of Registered Agen	nt	_,	
Registered Agent for SUR	F & TURF BRICKE	LL LLC		
	Name of Limi	ited Liability Company		,
L18000057864				
Document Num	ber, if known			
A copy of this resignation	was mailed to the al	bove listed limited liabilit	y company at its last known addre	ess.
The agency is terminated	and the office discor	ntinued on the 31st day af	ter the date on which this statement	nt is filed.
-	Michael	Signaphre of Resigning Agent		
If signing on behalf of an	ι			
				\mathfrak{G}
-	Ту	yped or Printed Name	7620	_
-	-	Capacity		-
			<u> </u>	!
	FILING \$85.00 \$ 25.00	FEES: Active limited liability Administratively dissol withdrawn limited liab	company ved/ voluntarily dissolved/	'

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.01	15, Florida Statutes, the une	dersigned,	
MICHAEL A. BLANCO		_, hereby resigns as	
Name of Registered Ag			
Registered Agent for SURF & TURF BRICK	ELL LLC	•	
Name of Lin	mited Liability Company		,
L18000057864			
Document Number, if known			
A copy of this resignation was mailed to the The agency is terminated and the office disco	ontinued on the 31st day af	ter the date on which this state	
If signing on behalf of an entity:			79
- 7	Typed or Printed Name	7070 5 5 7	: •
	Capacity	lu A	> -
FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolved withdrawn limited liab	ved/voluntarily dissolved/	ဂ ၁ ၁

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314