

L180000 86149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

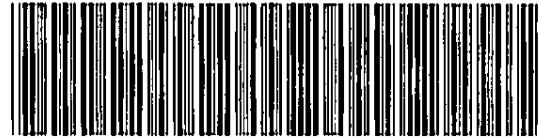
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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FEB 09 2022

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 6645 Vineland Offices, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000086149

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:

Name of Person

Alexander Abramson, PLLC, k/n/a Alexander Business Law, PLLC

Name of Firm/Company

11602 Lake Underhill Road, Suite 102

Address

Orlando, FL 32825

City/State and Zip Code

ed@alexanderbusinesslaw.com

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

For further information concerning this matter, please call:

Edward R. Alexander Jr. at (407) 649-7777
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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, Florida Statutes, the undersigned,

Alexander Abramson, PLLC

, hereby resigns as

Name of Registered Agent

Registered Agent for

6645 Vineland Offices, LLC

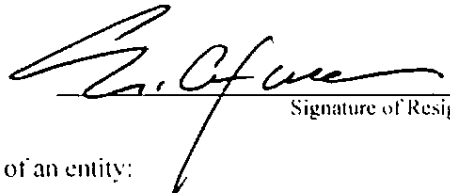
Name of Limited Liability Company

L18000086149

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

MANAGER OF

ALEXANDER BUSINESS
LAW, PLLC.

If signing on behalf of an entity:

Edward R. Alexander, Jr.

Typed or Printed Name

Manager

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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2022 JAN 25 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FL