L18000104165

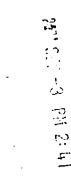
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Company
Liability Company and fee are submitted
e following:
630-4800
•

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

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 under	rsigned.	
BUSINESS LAW CENTER OF THE PALM BEACHES	hereby resigns as	
Name of Registered Agent		
Registered Agent for PALM BEACH ROW, LLC		
Name of Limited Liability Company		
L18000104163		
Document Number, if known		
A copy of this resignation was mailed to the above listed limited liability. The agency is terminated and the office discontinued on the 31st day after signature of Resigning Agent. If signing on behalf of an entity:	the date on which this statement is filed.	
Jay E. Eckhaus, P.A. DBA Business Law Center o	f the Palm Beaches	
Typed or Printed Name Jay E. Eckhaus, Esq. President		
Capacity FILING FEES:	?: :: :-	
\$ 85.00 Active limited liability of \$ 25.00 Administratively dissolve withdrawn limited liability	ompany ed/ voluntarily dissolved/ ty company	

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