

L18000139517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

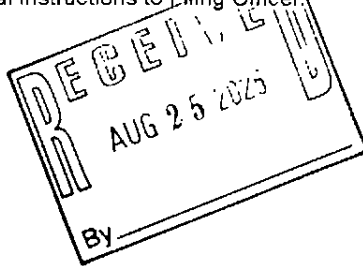
MAIL

(Business Entity Name)

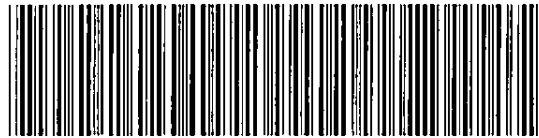
(Document Number)

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10-9-25

For 10-9-25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 7127 NW 2 AVENUE, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L18000139517

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:

Jesse Potterveld

Name of Person

Caldera Law PLLC

Name of Firm/Company

7275 NW 1st Ct., Unit 104

Address

Miami, FL 33150

City/State and Zip Code

accounting@caldera.law

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

For further information concerning this matter, please call:

Jesse Potterveld

at (786) 321-3811

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Caldera Law PLLC _____, hereby resigns as
Name of Registered Agent

Registered Agent for 7127 NW 2 AVENUE, LLC _____

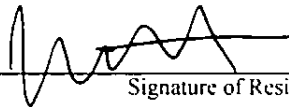
Name of Limited Liability Company

L18000139517 _____

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:

Jesse Potterveld _____

Typed or Printed Name

Chief Operating Officer _____

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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