

L18000 170 888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

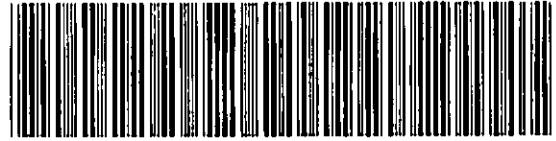
(Business Entity Name)

(Document Number)

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2020 FEB 21 AM 11:55

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 6, 2020

ALVARO BORGE
4850 COLLINS RD STE 104
JACKSONVILLE, FL 32244

SUBJECT: AA PREMIER PROPERTY SERVICES LLC
Ref. Number: L18000170888

We have received your document for AA PREMIER PROPERTY SERVICES LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 920A00000284

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AA Premier Property Services LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L18000170888

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:

Alvaro Borge

Name of Person

AA Premier Proerty Services LLC

Name of Firm/Company

4850 Collins Rd Suite 104

Address

Jacksonville, FL 32244

City/State and Zip Code

aa.premier.ps@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alvaro Borge

at (904) 662-9788

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Andrea T Sirianni _____, hereby resigns as

Name of Registered Agent

Registered Agent for AA Premier Property Services LLC

Name of Limited Liability Company

L18000170888

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:

Alvaro Borge

Typed or Printed Name

Registered Agent

Capacity

2020 F 24 PM 12:34

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