

L18000 177 770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

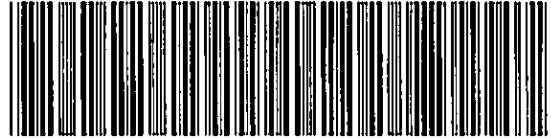
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300341986033

03/23/20--01027--005 \*\*85.00

2020 MAR 23 AM 9:59  
NOTARY OF STATE  
TALLAHASSEE FLORIDA

FILED

APR 06 2020  
M. SOLOMON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VERDEMARE LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000177770

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:

DAVID P. REINER, II, ESQ.  
Name of Person

REINER & REINER, P.A.  
Name of Firm/Company

9100 SOUTH DADELAND BLVD., SUITE 901  
Address

MIAMI, FL 33156  
City/State and Zip Code

dpr@reinerslaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANA ESCOBAR at (305) 670-8282  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

DAVID P. REINER, II \_\_\_\_\_, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for VERDEMARE LLC \_\_\_\_\_

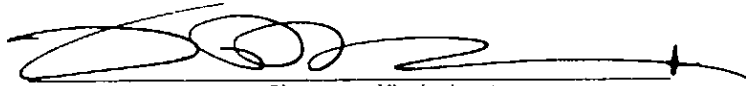
\_\_\_\_\_  
Name of Limited Liability Company

L18000177770 \_\_\_\_\_

\_\_\_\_\_  
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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
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

2020 MAR 23 AM 9:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED