

L18000209462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

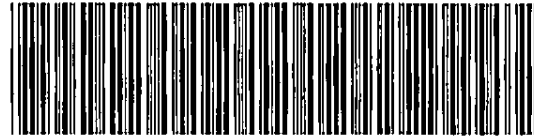
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100329393231

05/20/19--01018--030 \*\*85.00

FILED  
2019 MAY 20 AM 11:00  
RECEIVED  
TALLAHASSEE

R. WHITE  
JUN 05 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 225 IOWA Avenue DVHL, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** LIP000209462

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:

Jacqueline Salcines  
Name of Person

Jacqueline Salcines PA  
Name of Firm/Company

706 S. Dixie Hwy 2nd FL  
Address

Coral Gables FL 33146  
City/State and Zip Code

J. Salcines@salcineslaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacqueline Salcines at ( 305 ) 669-5280  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Jacqueline A. Salcines hereby resigns as  
Name of Registered Agent

Registered Agent for 225 Iowa Avenue DVHL, LLC  
Name of Limited Liability Company

LIP000209462  
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.

Jacqueline A. Salcines  
Signature of Resigning Agent

If signing on behalf of an entity:

Jacqueline Salcines  
Typed or Printed Name  
Attorney  
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

INHS17 (2/14)