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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAW OFFICE OF PAUL A. KRASKER P.A.
Account Number : 120090000078
Phone : (561)515-4722
Fax Number : (561)515-3904

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Amurphy@kraskerlaw.com

FILED
2024 OCT 21 PM 6:04
TALLAHASSEE, FL

LLC REGISTERED AGENT RESIGNATION
SASTIAN, LLC

Certificate of Status	0
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SASTIAN, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L18000226976

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:

PAUL A. KRASKER, ESQ.

Name of Person

THE LAW OFFICE OF PAUL A. KRASKER, P.A.

Name of Firm/Company

1615 FORUM PLACE, 5TH FLOOR

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

PKRASKER@KRASKERLAW.COM

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

For further information concerning this matter, please call:

PAUL KRASKER

Name of Person

at (

561

Area Code

515-2929

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

H 24 000 350 777 3

H240003507773

STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY

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

THE LAW OFFICE OF PAUL A. KRASKER, P.A.

, hereby resigns as

Name of Registered Agent:

Registered Agent for SASTIAN, LLC

Name of Limited Liability Company

L18000226976

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.

PK

Signature of Resigning Agent

If signing on behalf of an entity:

Paul Krasker

Typed or Printed Name

Registered Agent

Capacity

FILED
2024 OCT 21 PM 6:04
TALLAHASSEE, FL
DEPARTMENT OF STATE

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

H240003507773