

L18000229639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

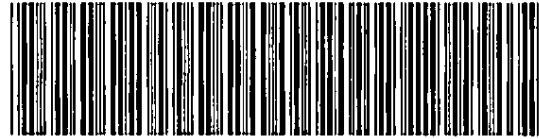
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TO: Registration Section
Division of Corporations

SUBJECT: THE SHOPS OF 19TH STREET 'LLC'
Name of Limited Liability Company

DOCUMENT NUMBER: L18000229639

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:

DELFYETTE, ASHLEY N
Name of Person

Name of Firm/Company

1856 N NOB HILL RD #319
Address

PLANTATION, FL 33322
City/State and Zip Code

njrd06@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DELFYETTE, ASHLEY N 954 439-0481
Name of Person at () 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

DELFYETTE, ASHLEY N

, hereby resigns as

Name of Registered Agent

Registered Agent for THE SHOPS OF 19TH STREET 'LLC'

Name of Limited Liability Company

L18000229639

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.

Ashley Delfyette 1-14-22
Signature of Resigning Agent

If signing on behalf of an entity:

DELFYETTE, ASHLEY N

Typed or Printed Name

MGR

Capacity

2022 JUL 26 PM 0:27

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