

L18000263623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

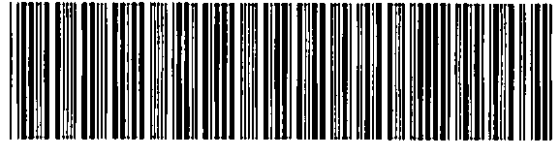
(Business Entity Name)

(Document Number)

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OCT 21 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Silver Cove Apartments LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000263623

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:

Mario Rosario

Name of Person

Star Brite Group

Name of Firm/Company

1450 Coral Way, Suite 104

Address

Miami, FL 33145

City/State and Zip Code

[mrosario@starbritegroup.com](mailto:mrosario@starbritegroup.com)

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

For further information concerning this matter, please call:

Maria Rosario

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED  
2021 OCT 18 AM 11:19  
TALLAHASSEE, FL  
STATE OF FLORIDA  
DEPARTMENT OF STATE

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

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

George S. Zamora \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for Silver Cove Apartments LLC

a Florida limited liability company

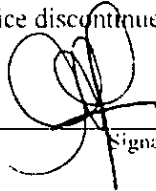
\_\_\_\_\_  
Name of Limited Liability Company

L18000263623

\_\_\_\_\_  
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

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2021 OCT 18 AM 11:19  
TALLAHASSEE, FL