

L18000283584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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STATE OF TEXAS
SECRETARY OF STATE
JANIS P. GREGG
1111 ANHANGUENI BLVD
AUSTIN, TEXAS 78701

2020 MAR 27 PM 2:53

FILED

APR 09 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

1171 BEACH BLVD, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L18000283584

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:

Attn: ROA Team

Name of Person

Capitol Corporate Services, Inc.

Name of Firm/Company

PO Box 1831

Address

Austin, TX 78767

City/State and Zip Code

regagent@capitol-services.com

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

For further information concerning this matter, please call:

Agent Resignation Filings Team

Name of Person

at (800)

Area Code

345-4647

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment 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,

Capitol Corporate Services, Inc.

hereby resigns as

Name of Registered Agent

Registered Agent for

1171 BEACH BLVD, LLC

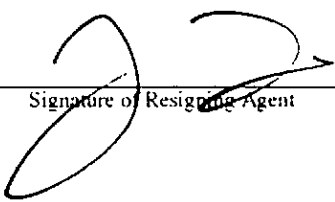
Name of the Limited Liability Company

L18000283584

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:

Jason Fischer

Typed or Printed Name

Assistant Secretary

Capacity

FILED
2020 MAR 27 PM 2:53
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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