

11/2/22, 11:48 AM

Division of Corporations

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L19000006909

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

From:

Account Name : MILAM HOWARD, ET.AL.
Account Number : I20000000206
Phone : (904)357-3660
Fax Number : (904)357-3661

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

Email Address: hdurham@milamhoward.com

**LLC REGISTERED AGENT RESIGNATION
2916 UNIVERSITY JACKSONVILLE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

MELAM HOWARD NICANDRI & GILLAM, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for _____

2916 UNIVERSITY JACKSONVILLE, LLC

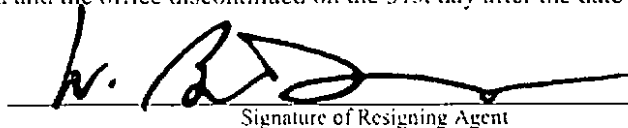
Name of Limited Liability Company

L19000006909

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

APPROVED
AND
FILED
2022 NOV -2 AM 7:06
TALLAHASSEE, FLORIDA
FILING OFFICE

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 withdrawn limited liability company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