

L19000047777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

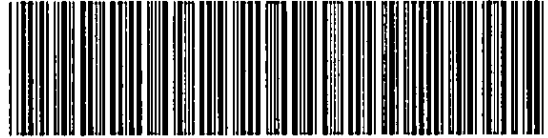
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 JUL 19 PM 2:54  
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JUL 19 2022

AUG 03 2022

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Warehouse 1107 LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L19000047777

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:

Nancy Hanlon  
Name of Person

Nancy Hanlon Associates, Inc.  
Name of Firm/Company

1375 Gateway Blvd.  
Address

Boynton Beach, FL 33426  
City/State and Zip Code

nancyh@nha.cc  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Hanlon at ( 561 ) 649-8535  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Nancy Hanlon Associates Inc.

Name of Registered Agent

hereby resigns as

Registered Agent for

Warehouse 1107 LLC

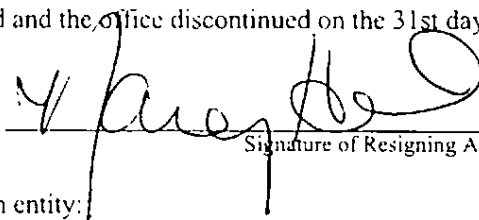
Name of Limited Liability Company

L19000047777

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

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2022 JUL 19 PM 2:54  
TALLAHASSEE, FL

### 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