

L19000062016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

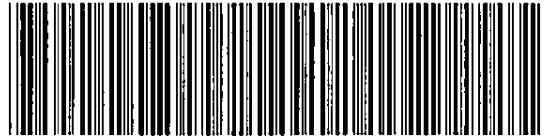
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200438749632

11/01/24--01023--015 **95.00

FILED
2024 NOV - 1 AM 8:52
CLERK OF COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HALEAKALA 411, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000062016

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:

DENNIS IRISH

Name of Person

Name of Firm/Company

2260 HAWTHORNE ST

Address

SARASOTA, FL 34239

City/State and Zip Code

dennis.lirish@gmail.com

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

For further information concerning this matter, please call:

DENNIS IRISH at (508) 340-6229
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

MANASOTA ELDER LAW, PLLC

Name of Registered Agent

, hereby resigns as

Registered Agent for HALEAKALA 411, LLC

Name of Limited Liability Company

119000062016

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:

CYNTHIA M. CLARK

Typed or Printed Name

PRESIDENT

Capacity

FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILED
TALLAHASSEE, FLORIDA

2024 NOV - 1 AM 8:52

FILED

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314