

L190000660252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

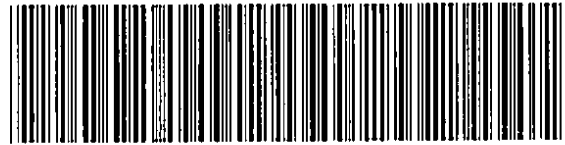
(Document Number)

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

Special Instructions to Filing Officer:

J. HORNE  
APR 10 2023

Office Use Only



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2023 APR -7 PM 12:43  
APR 10 2023

04/10/23--91002--001 \*\*25.00

RECEIVED  
2023 APR -7 PM 2:44  
TALLAHASSEE, FLORIDA

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED REGISTERED AGENT RESIGNATION FOR:

1360 EAST TERRA MAR DRIVE, LLC

PLEASE RETURN A STAMPED COPY

CHECK# 9574      FOR: \$25.00

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

2023 APR -7 PM 12:50  
FILED  
TALLAHASSEE, FL

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,  
ATRIUM REGISTERED AGENTS, INC. \_\_\_\_\_, hereby resigns as

Name of Registered Agent

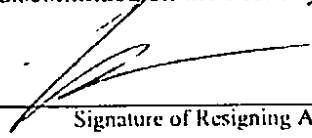
Registered Agent for 1360 EAST TERRA MAR DRIVE LLC \_\_\_\_\_

Name of Limited Liability Company

L19000066252 \_\_\_\_\_

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:

LESLIE A. SHARE \_\_\_\_\_

Typed or Printed Name

VPSD \_\_\_\_\_

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withdrawn limited liability company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