L19000127570

(Requestor's Name)
(Nequesion 5 Hame)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special last waters to Siling Officer
Special Instructions to Filing Officer:

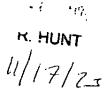
Office Use Only



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11/17/23--01029--008 **85.00

2023 HOV 17 PH 12: 40



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 709 NE 79 15 Steet, LLC Name of Limited Liability Company DOCUMENT NUMBER: L 19006127570	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are for filing.	e submitted
Please return all correspondence concerning this matter to the following:	
Name of Person 709 NE 79 th Street LLC Name of Firm/Company	5.
Man FL 33138 City/State and Zip Code	CIMIS A CELOTA CRESCA CA 2023 MAY 17 PH 12: 40
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kenneth Lyun at (3 s square 1 feet) 216 8359 Name of Person Area Code Daytime Telephone Number	0 1

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision			<u> </u>		
MOUSLIM,	ABDE L Name of Registered Agent	Hak1	, hereby res	igns as	
,	=				
Registered Agent for	709 NE 7	d th	Street, LLC	<u> </u>	
	Name of Limit	ed Liability	Company		·
L 1900012	7570				
Document Nur	mber, if known	<u> </u>			
A copy of this resignatio	n was mailed to the at	ove listed	limited liability company at	its last known ad	ldress.
The agency is terminated If signing on behalf of an	I entry: LENA	Signature o	he 31st day after the date on Resigning Agent LYON d Name	which this state	ment is filed.
		Capacity			
	\$ 85.00 \$ 25.00	EES: Active li Administ withdray	nited liability company 🗸 ratively dissolved/ voluntar rn limited liability company		CIVISIA SECENTISEA, 2023 NOV 17 PM 12:40
	• •		Department of State and ma	nil to:	0.7

P.O. Box 6327 Tallahassee, FL 32314