

# L19000/42023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

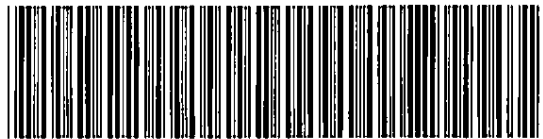
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**COVER LETTER**

**FILED**  
2022 JUN 27 AM 9:58  
DEPARTMENT OF STATE  
TALLAHASSEE, FL

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cranbrook Management LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L19000142023

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:

Craig Hecker

Name of Person

Cranbrook Management

Name of Firm/Company

401 E Las Olas BLvd Suite 1400

Address

Ft Lauderdale, FL 33301

City/State and Zip Code

bellsviewconsults55@gmail.com

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

For further information concerning this matter, please call:

Greg Perez

Name of Person

at (260) 337-3257

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Phylicia Campbell

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for Cranbrook Management LLC

\_\_\_\_\_  
Name of Limited Liability Company

L19000142023

\_\_\_\_\_  
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:

Phylcia Campbell  
\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
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

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2022 JUN 27 AM 9:58  
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FLORIDA DEPT. OF STATE