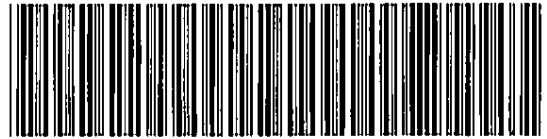


L19000142023



900382404969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entry Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

FILED
2022 JUN 27 AM 9:58
TALLAHASSEE, FL

Special Instructions to Filing Officer:
605.0209(5)
6/27

Office Use Only

PA
7/1

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 at (260) 337-3257
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Phylcia Campbell _____, hereby resigns as
Name of Registered Agent

Registered Agent for Cranbrook Management LLC

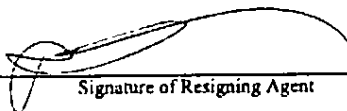
Name of Limited Liability Company

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

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