

LI9000 187805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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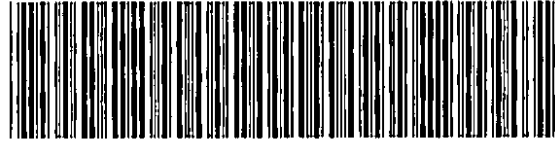
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JG 10/21/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLATIRON 1915 LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000187805

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:

ALAND J HERNANDEZ
Name of Person

FLATIRON 1915 LLC
Name of Firm/Company

11141 NW 77TH TER
Address

DORAL FLORIDA 33178
City/State and Zip Code

castillomattarolo@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALAND J HERNANDEZ at (786) 253-9402
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

ALAND J HERNANDEZ

hereby resigns as

Name of Registered Agent

Registered Agent for FLATIRON 1915 LLC

Name of Limited Liability Company

L19000187805

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:

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withdrawn limited liability company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

CLERK OF STATE
TALLAHASSEE, FL

2020 SEP 15 AM 9:56

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