

L19 000 206 358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FEB 25 2020
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1802, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L19000206358

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:

Gustavo de Zendegui

Name of Person

Zendegui Law Group

Name of Firm/Company

1111 Kane Concourse Suite 310

Address

Bay Harbor Islands, FL 33154

City/State and Zip Code

gustavo@gdzlaw.com

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

For further information concerning this matter, please call:

Gustavo de Zendegui

at (305) 579-3333

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
Dean Bardino _____, hereby resigns as
Name of Registered Agent

Registered Agent for 1802, LLC _____

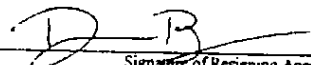
Name of Limited Liability Company

L19000206358 _____

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:

Dean Bardino
Typed or Printed Name
Registered Agent / Managing member
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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