

**D CUSHING**

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 7760 NW 36 St. LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L19000138842

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

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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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,

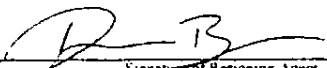
Dean Bardino \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for \_\_\_\_\_  
7760 NW 36 St, LLC  
Name of Limited Liability Company

L19000209837  
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

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