

L19000231685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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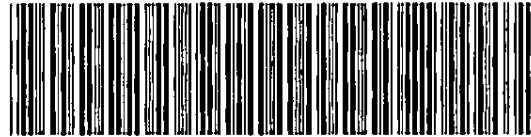
(Business Entity Name)

(Document Number)

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FEB 07 2020

ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MIAMI COMMUNITY MANAGER  
Name of Limited Liability Company

DOCUMENT NUMBER: L 19000231685

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:

ALEXANDRA RIVAS de JACKSON  
Name of Person

2514 SW 119<sup>th</sup> TER  
Name of Firm/Company  
Address

MIRAMAR, FL 33025  
City/State and Zip Code

JACKSONMARGOTT@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXANDRA R. JACKSON at (954) 6622536  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 15, 2020

ALEXANDRA RIVAS DE JACKSON  
2514 SW 119TH TERRACE  
MIRAMAR, FL 33025

SUBJECT: MIAMI COMMUNITY MANAGER, LLC  
Ref. Number: L19000231685

We have received your document for MIAMI COMMUNITY MANAGER, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to resign as registered agent for an active limited liability company is \$85.00.

There is a balance due of \$30.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 020A00001161

2020 FEB -3 PM 4:30

RECEIVED

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

ALEXANDRA RIVAS de JACKSON, hereby resigns as  
Name of Registered Agent

Registered Agent for MIAMI COMMUNITY MANAGER

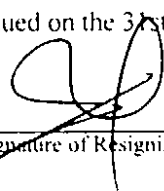
\_\_\_\_\_  
Name of Limited Liability Company

L19000231685

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:

ALEXANDRA RIVAS de JACKSON  
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

FILED  
2020 FEB -3 AM 10:53  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE