# L19000235912

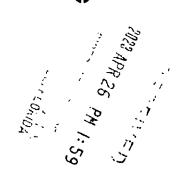
(Re	questor's Name)	
(Ad	Cress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Copies	Certificates of	f Status
		·
Instructions to Filin	ng Officer:	
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	. 40 <sup>5</sup>	RNE
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Office Use Only



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# FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

04/26/23

NAME: 29<sup>TH</sup> STREET HOLDINGS, LLC

TYPE OF FILING: RESIGNATION

COST:

85.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

### COVER LETTER

SUBJECT:	29TH STREET HOLDINGS, LLC				
_	Name of L	Name of Limited Liability Company			
DOCUMEN	T NUMBER: L19000235912		<u> </u>		
The enclosed for filing.	Resignation of Registered Agen	nt for a Limited	Liability Company and fee are submitted		
Please return	all correspondence concerning t	his matter to th	ne following:		
LEISA PICHA	RD				
	Name of Person	•			
FLORIDA FIL	ING & SEARCH				
	Name of Firm/Company	· · · · · · · · · · · · · · · · · · ·			
155 OFFICE P	LAZA DRIVE				
	Address				
TALLAHASSE	EE, FL 32301				
	City/State and Zip Code				
E-mail add	dress: (to be used for future annual repo	ort notification)			
For further in	formation concerning this matte	r, please call:			
LEISA PICHA		850 at (	216-0457		
	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

**TO:** Registration Section Division of Corporations

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 provisi	ons of section 605.0115, Florida Statutes, the unc	lersigned,	S₹	20	
FLORIDA FILING &	, hereby resigns as	ECK ECK	2023 APR		
	Name of Registered Agent		二 注 23	Sel	,
Registered Agent for _	29TH STREET HOLDINGS LLC		SSI	26	:
<i>3</i>			- : <del></del>	稻	!
	Name of Limited Liability Company			<u> </u>	O
L19000235912				•	•
Document N	Number, if known				
A copy of this resignat	ion was mailed to the above listed limited liabilit	y company at its last kn	iown add	ress.	
The agency is terminat	ed and the office discontinued on the 31st day af	ter the date on which th	is statem	ent is	filed.
	Obbie Hodos Signature of Resigning Agent				
If signing on behalf of	an entity:				
	ABBIE HODGE				
	Typed or Printed Name				
	SENIOR VICE PRESIDENT				
	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

### COVER LETTER

Registration Section Division of Corporations 29TH STREET HOLDINGS, LLC SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: L19000235912 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: LEISA PICHARD Name of Person FLORIDA FILING & SEARCH Name of Firm/Company 155 OFFICE PLAZA DRIVE Address TALLAHASSEE, FL 32301 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LEISA PICHARD 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

Name of Person

## **Street Address:**

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO: