

L19000270 776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

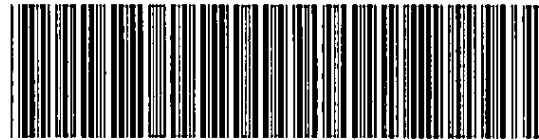
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 MAY 18 PM 7:16  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

JUN 05 2020  
S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 3458 Hancock 115, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: 119000270776

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:

\_\_\_\_\_  
Name of Person

Musial Law Firm, LLC

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Name of Firm/Company

923 Del Prado Blvd. S. 207

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Address

Cape Coral FL 33990

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City/State and Zip Code

lamusial@musiallawfl.com

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

For further information concerning this matter, please call:

Lisa A. Musial at ( 239 ) 772-0639  
 \_\_\_\_\_  
 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

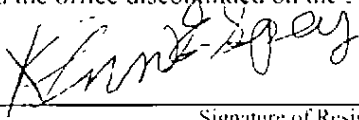
Ann E. Spey \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for 3458 Hancock 115, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

L19000270776  
\_\_\_\_\_  
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:

ANN ELAINE SPEY  
\_\_\_\_\_  
Typed or Printed Name  
MANAGING MEMBER  
\_\_\_\_\_  
Capacity

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TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

### 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