

L20000169295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

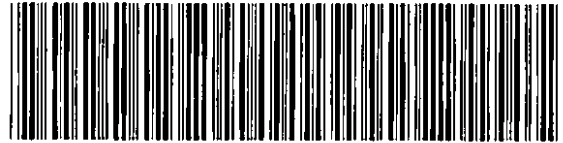
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHILIPP INVESTMENTS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L20000169295

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:

Maikel Eskander

Name of Person

Capital Partners Law

Name of Firm/Company

500 E Broward Blvd Ste. 1710

Address

Fort Lauderdale, FL 33394

City/State and Zip Code

mne@cplfirm.com

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

For further information concerning this matter, please call:

Maikel Eskander

954

807-3000

Name of Person

at ()

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Capital Partners Law PLLC

, hereby resigns as

Name of Registered Agent

Registered Agent for PHILIPP INVESTMENTS, LLC

Name of Limited Liability Company

L20000169295

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:

Maikel Eskander

Typed or Printed Name

Principal / Authorized Member

Capacity

FILED
2023 AUG 17 PM 3:30
SECRETARY OF STATE

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