

L20000243745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

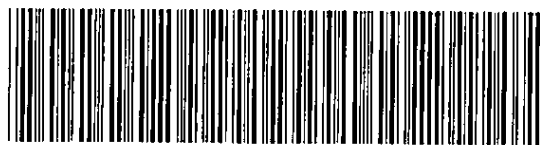
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUL 16 2024

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2024 JUL 15 11:10:10

GALLAHASSEE, FLORIDA

2024 JUL 15 PM 1:55

RECEIVED

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: 07/11/2024

NAME: 9248 EMERSON SURFSIDE LLC

TYPE OF FILING: REGISTERED AGENT RESIGNATION

COST: 85.00

RETURN: PLAIN

AUTHORIZATION: ABBIE/PAUL HODGE

A handwritten signature in black ink, appearing to read "A Hodge", written over the printed name "PAUL HODGE".

ACCOUNT: FCA000000015

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

FLORIDA FILING & SEARCH SERVICES INC

, hereby resigns as

Name of Registered Agent

Registered Agent for

9248 EMERSON SURFSIDE LLC

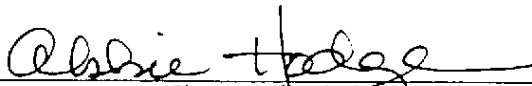
Name of Limited Liability Company

L20000243745

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:

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withdrawn limited liability company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