

L2 0000 244029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

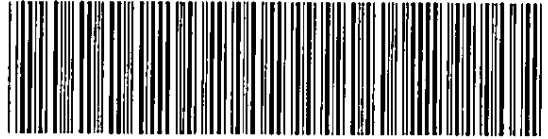
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUL 16 2024

Office Use Only



500431828855

2024 JUL 15 10:01 AM
TALLAHASSEE, FLORIDA

RECEIVED
2024 JUL 15 PM 1:55
TALLAHASSEE, FLORIDA

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: 500 93RD 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". The signature is written in a cursive style with a long horizontal stroke at the end.

ACCOUNT: FCA000000015

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

2017
MAY 15 11:03 AM
F03

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 500 93RD SURFSIDE LLC

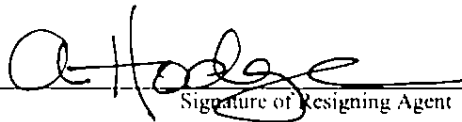
Name of Limited Liability Company

L20000244029

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:

A. 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withdrawn limited liability company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