L20000248903

6/5/25, 1:01 PM Division of Corporations

# Florida Department of State

## Division of Corporations

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Account Name : COMPUTERSHARE
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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## LLC REGISTERED AGENT RESIGNATION

## 6320 7TH AVENUE W., LLC

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | $85.00 |

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# COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 6320 7th Avenue W., LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L20000248903

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:

Erika Easter
Name of Person

eResidentAgent, Inc.
Name of Firm/Company

228 Park Ave S, PMB 50845
Address

New York, NY 10003-1502
City/State and Zip Code

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

For further information concerning this matter, please call:

Erika Easter at (310) 820-1000
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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

eResidentAgent, Inc. , hereby resigns as

Name of Registered Agent

Registered Agent for 6320 7th Avenue W., LLC

Name of Limited Liability Company

L20000248903

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:

Jeffrey A Unger

Typed or Printed Name

President

Capacity

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TALLAHASSEE, FLORIDA

**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**