

h20 000362601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

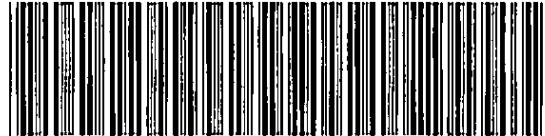
(Business Entity Name)

(Document Number)

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2021 JAN 28 AM 7:56

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FERN LEAF PROPERTIES  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L20000362601

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:

NICOLA TOPPING  
Name of Person

FERN LEAF PROPERTIES  
Name of Firm/Company

334 SW 13 STREET  
Address

FORT LAUDERDALE, FLORIDA 33315  
City/State and Zip Code

nicolatopping1@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLA TOPPING at (954) 296-3752  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2021 JAN 28 AM 7:56

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

HECTOR ALVAREZ III ESQ \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for FERN LEAF PROPERTIES, LLC \_\_\_\_\_

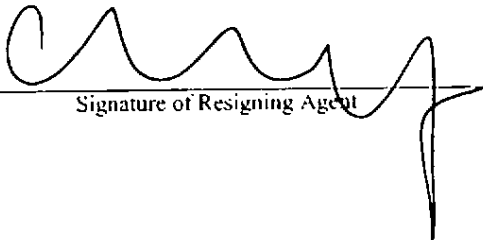
\_\_\_\_\_  
Name of Limited Liability Company

L20000362601 \_\_\_\_\_

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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
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