# LZ1000053781

(Requestor's Name)
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(Madicass)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Social Name)
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#### **COVER LETTER**

SUBJECT:	<u></u>
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000053781	
The enclosed Resignation of Registered Agent for a Limited for filing.	f Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Starlett M. Massey	
Name of Person	
Massey Law Group, P.A.	
Name of Firm/Company	
PO Box 262	
Address	•
St. Petersburg, FL 33731	
City/State and Zip Code	
anabellewis@gmail.com	
E-mail address: (to be used for future annual report notification)	•
For further information concerning this matter, please call:	
Starlett Massey 813	868-5601
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

### 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 provisio	ns of section 605.011	5. Florida Statutes, the u	ndersigned,			
Massey Law Group, P.A. , here		, hereby resigns	eby resigns as			
	Name of Registered Age					
Registered Agent for	77 NW 78TH AVENU	JE, LLC	<u>.</u>			_
	Name of Lin	nited Liability Company	<u> </u>			<b>_</b> ·
L21000053781						
	ımber, if known					
A copy of this resignation	on was mailed to the	above listed limited liabi	lity company at its l	ast known	address	S.
The agency is terminate	d and the office disco	ontinued on the 31st day	after the date on wh	ich this stat	tement	is filed.
		Signature of Resigning Agi	₹nt			
If signing on behalf of a	n entity:			;;;.	25	
	Starlett M. Massey				29	
	Partner	Typed or Printed Name		13.75 13.75	2021 HAY -7	
		Capacity				:
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabilit Administratively diss withdrawn limited lia	y company olved/ voluntarily c ability company	lissolved/	AM 6: 23	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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