

(Re	equestor's Name)	- -
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(B)	usiness Entity Nar	me)
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(De	ocument Number)	
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Certified Copies	Certificate	s of Status
		
Special Instructions to	Filing Officer:	
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04/04/22--01013--017 **85.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 5/4/ NE 3RD AVE LLC Name of Limited Liability Company DOCUMENT NUMBER: L21000102096
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:
Eleanor Glasco-Grimsley Name of Person
Name of Firm/Company
4233 W Hillsboro Blvd #970683 Address
Coconut Creek, FL 33097-0683 City/State and Zip Code
ricardo.caballero1281 egmail.com E-mail address: (to be used for future annual refort notification)
For further information concerning this matter, please call:
Eleanor Glasco at (571) 264-6937 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

INHS17 (2/14)

Tallahassee, FL 32314

P.O. Box 6327

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of s	section 605.0115, I	Florida Statu	es, the und	lersigned,		
Eleanor	Grims/e	¥		, hereby res	signs as	
Name	of Registered Agent	7				
Registered Agent for	5141 NE	3RD	AVE	LLC		
N	Name of Limited	d Liability Com	pany			
L210001020	96					
Document Number,	f known	_				
A copy of this resignation was	s mailed to the abo	ve listed lim	ited liabilit	y company at	its last know	n address.
The agency is terminated and	the office disconti	nued on the .	lst day afi	ler the date or	n which this st	tatement is filed
	Elen	Ignature of Res	igning Agent			
If signing on behalf of an enti-	iy:	V				20
					-5;	72 #
	Турс	ed or Printed Na	me	 	- 1.47	2022 AFR - L
Capacity						
						Fill 11: 1.2
	/FILING FI	EES:				.\>
	√ \$ 85.00	Active limite Administrati	d liability vely dissol mited liab	company ved/vofuntar ility company	rily dissolved	1

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

INHS17 (2/14)