

10/21/24, 1:24 PM

Division of Corporations

L21000129850

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000350569 3)))



H240003505693ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : WARD, DAMON & POSNER, P.A.
Account Number : 072262000447
Phone : (561)842-3000
Fax Number : (561)842-3626

RECEIVED
2024 OCT 21 PM 4:23
TALLAHASSEE, FL
SECRETARY OF STATE

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

Email Address: msarofsky@warddamon.com

**LLC REGISTERED AGENT RESIGNATION
BLACK HEART LLC**

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

T. LEMIEUX
OCT 21 2024

RECEIVED

2024 OCT 21 PM 1:31
TALLAHASSEE, FL
SECRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLACK HEART LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000129850

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:

MAHRA SAROFKY, ESQ.

Name of Person

WARD DAMON PL

Name of Firm/Company

4420 BEACON CIRCLE

Address

WEST PALM BEACH, FL 33407

City/State and Zip Code

MSAROFKY@WARD DAMON.COM

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

For further information concerning this matter, please call:

MAHRA SAROFKY

Name of Person

at (561) 842-3000
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

WARD DAMON BUSINESS SERVICES, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for BLACK HEART LLC

Name of Limited Liability Company

L21000129850

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:

Cathleen Ward

Typed or Printed Name

Authorized Representative

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

FILED
2024 OCT 21 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FL