

L21 000 228 824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

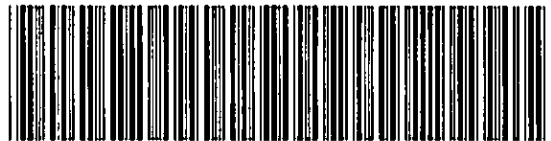
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FILED  
JAN 6 2023

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 50 WEST 8 STREET LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L21000228824

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:

JILL NAPONELLI  
Name of Person

MARACUYA INVESTMENTS LLC  
Name of Firm/Company

1240 N MARKET ST  
Address

JACKSONVILLE, FL 32206  
City/State and Zip Code

JILL@GARDENIAPROPERTIES.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JILL NAPONELLI at (415) 377-7846  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

MARACUYA INVESTMENTS LLC

Name of Registered Agent

Registered Agent for 50 WEST 8 STREET LLC

Name of Limited Liability Company

L21000228824

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:

JILL NAPONELLI

Typed or Printed Name

MANAGING MEMBER

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

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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