

L21000365311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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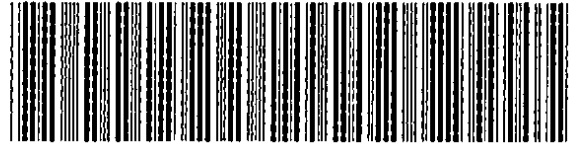
(Business Entity Name)

(Document Number)

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R. HUNT
08/09/2

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 230 Via Las Brisas LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000365311

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:

Mitchell B. Kirschner, Esq

Name of Person

GrayRobinson PA

Name of Firm/Company

2255 Glades Rd., Suite 301E

Address

Boca Raton, FL 33428

City/State and Zip Code

Mitch.Kirschner@gray-robinson.com

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

For further information concerning this matter, please call:

Mitch Kirschner, Esq

Name of Person

at (561)

Area Code

368-3808

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2021-09-09 PM 9:29
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

GUY RABIDEAU, Esq

Name of Registered Agent

, hereby resigns as

Registered Agent for 230 Via Las Brisas LLC

Name of Limited Liability Company

L21000365311

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

2023 JUN 1 - 9 PM 9:29
STATE
TALLAHASSEE FL