

L 21 000 402 879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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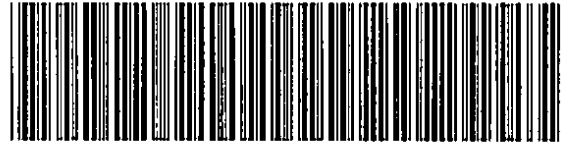
(Business Entity Name)

(Document Number)

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Resignation

NOV 29 2021
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESCALA PROPERTY LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L021000402879

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:

RAMON GARCIA

Name of Person

ESCALA PROPERTY LLC

Name of Firm/Company

2929 SW 3RD AVE SUITE 310

Address

MIAMI, FL 33129

City/State and Zip Code

ramon.garcia@oxford-mia.com

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

For further information concerning this matter, please call:

GLADYS C PATINO at (305) 338-2333
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

GLADYS C. PATINO

, hereby resigns as

Name of Registered Agent

Registered Agent for ESCALA PROPERTY LLC

Name of Limited Liability Company

L21000402879

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:

GLADYS C PATINO

Typed or Printed Name

MGR

Capacity

2021 NOV -8 PM 1:23

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withdrawn limited liability company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