## Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:\_\_\_\_

## LLC REGISTERED AGENT RESIGNATION 1480 1501 WINDORAH WAY LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$85.00

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JUN 2 9 2022

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	n 605.0115	. Florida Statutes, the unde	rsigned,			
NORTHWEST REGISTERED AGENT LLC			, hereby resigns as			
Name of Re	l					
Registered Agent for						
1480 1501 Windorah Way LLC		_				
	Name of Limi	ted Liability Company			-	
Document Number, if kno-	wn	<del></del>				
A copy of this resignation was mai	led to the al	oove listed limited liability	company at its last	known ad	dress.	
The agency is terminated and the c	office discor	ntinued on the 31st day after	er the date on which	this staten	nent is f	îled.
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	102	- Thove				
<del></del>		Signature of Resigning Agent	<del></del>			
If signing on behalf of an entity:						
Tom Glov			·····			
	Ty	ped or Printed Name				
Assistant	Secretary					
		Capacity				
				<u></u>	2022 JUN 29	
				• •	2	
	FILING	FEES:			×	
	\$ 85.00	Active limited liability of Administratively dissolv	ompany	1 1/	29	= 2
	\$ 25.00	Administratively dissolv withdrawn limited liabi	'ed/ voluntarily diss lity commany	oivear		当芸芸
		windlawn minica madi	ind comband	; .	AH	) - <u>;</u>
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Make c	hecks payab	le to Florida Department of	State and mail to:		_	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314