122000023790

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
, , , , ,		
PICK-UP WAIT M	AIL	
(Business Entity Name)		
, ,		
(Document Number)		
(Bocament Namber)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer.		

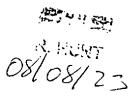
Office Use Only



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08/08/23--01004--006 **05.05





COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: 1345 NE 14th Ave, Fort La	auderdale LLC		
Name of Limited Liability	Company	_	
DOCUMENT NUMBER: L22000023790		_	
The enclosed Resignation of Registered Agent for a Limited for filing.	I Liability Company and fee a	ire sub	mitted
Please return all correspondence concerning this matter to the	ne following:		
United States Corporation Agents, Inc.			
Name of Person	-		
Legalzoom.com, Inc.			
Name of Firm/Company	-	بيب	
9900 Spectrum Dr.	·. . ·	- 3 - 3 - 3	
Address	- 1	1	
Austin, TX 78717	OF S	∂ P	i 1 •
City/State and Zip Code	S	ري ري	1 3 4 C
raresignations@legalzoom.com	FL FL	PH 9: 40	
E-mail address: (to be used for future annual report notification)	•		
For further information concerning this matter, please call:			
at (773-0888		
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida Statutes, the unc	dersigned,
United States Corp	oration Agents, Inc.	_ , hereby resigns as
	Name of Registered Agent	Hereby resigns as
Registered Agent for	345 NE 14th Ave, Fort Lauderdale LLC	
	Name of the installation Common	
	Name of Limited Liability Company	
L22000023790		
Document No	umber, if known	
A copy of this resignation	on was mailed to the above listed limited liabilit	y company at its last known address.
The agency is terminate	d and the office discontinued on the 31st day af	ter the date on which this statement is filed.
	Signature of Resigning Agent	1
If signing on behalf of a	n entity:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation A	Agents, Inc.
	Capacity	
	FILING FEES: \$ 85.00 Active limited liability \$ 25.00 Administratively dissol withdrawn limited liab	company Solved voluntarily appoint the following solved to the following solve

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, Ft. 32314