

L22000147454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

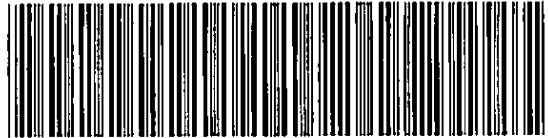
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01 APR 11 2023 4:01 PM

FILED
2023 APR 11 PM 2:28
CLERK OF SUPERIOR COURT
JULIA A. BROWN

RA Resignation

JUL 10 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5312 8th Avenue LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L22000147454

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:

Brandy O'Dell

Name of Person

Main Street Business Services, LLC

Name of Firm/Company

1883 W Royal Hunte Dr., Suite 200

Address

Cedar City, UT 84720

City/State and Zip Code

fadyh@bluedahliacapital.com

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

For further information concerning this matter, please call:

Brandy O'Dell

435

222-0651

Name of Person

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registered Agent Solutions, Inc. _____, hereby resigns as

Name of Registered Agent

Registered Agent for 5312 8th Avenue LLC

Name of Limited Liability Company

L22000147454

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:

Adam Saldana , Registered Agent Solutions, Inc.

Typed or Printed Name

Asst. Secretary

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILED
2023 APR 11 PM 2:28
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

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