

L22 000/66463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

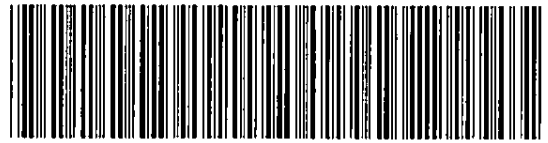
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

1-4

Office Use Only

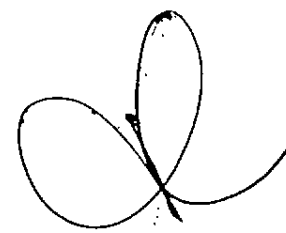


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FILED

2024 JAN -4 AM 10:06

Secretary



**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

2024 JAN -4 AM 10: 06

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**REQUEST DATE** 01/04/2024

**PRIORITY** Routine

**OUR REF # (Order ID#)** Westley

**ORDER ENTITY**

**5600 SW 136TH AVE LLC**

**PLEASE PERFORM THE FOLLOWING SERVICES:**

5600 SW 136TH AVE LLC

Please file the attached resignation.

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



RECEIVED  
2024 JAN -4 PM 2: 55  
SERV INC  
1540 GLENWAY DRIVE  
TALLAHASSEE, FL 32301

*please honor this date! thanks!!*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 5600 SW 136TH AVE LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L22000166463

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:

Westley Look  
Name of Person

Incorporating Services, Ltd.  
Name of Firm/Company

3500 S DuPont Highway  
Address

Dover, DE 19901  
City/State and Zip Code

wlook@incserv.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Westley Look at (302) 531-0703  
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

2024 JAN -4 AM 10:06  
FILED

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

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

Incorporating Services, Ltd. \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for 5600 SW 136TH AVE LLC

Name of Limited Liability Company

L22000166463

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.

A Archambault  
Signature of Resigning Agent

If signing on behalf of an entity:

Amanda Archambault

Typed or Printed Name

Assistant Secretary

Capacity

FILED  
2024 JAN -4 AM 10:06  
Tallahassee, FL

**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