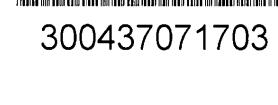
L22000280668

(Req	uestor's Name)			
(Add	ress)			
(Addi	ress)			
(City)	/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Busi	ness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
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COVER LETTER

Division of Corporations
SUBJECT: Gread Sandra Real Estate LLC Name of Limited Liability Company
DOCUMENT NUMBER: L22000280668
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:
Cregory Hernander Ir
Greg a Sandra Real Estate LCC Name of Firm/Company
4322-1 Richard Denby Gattin Rd
Jacksonville FL 32277 City/State and Zip Code
Educition Dynkoo. Com
For further information concerning this matter, please call:
Gregory Hurnandez Ja at (484) 375 - 3599 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

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 provision	s of section 605.01	15, Florida Statutes, t	he undersigned,	
Yvonne	Sanch	e 7	, hereby resigns as	_
	Name of Registered Ag			702
Registered Agent for	Greg 4	Sandra	Real Estate	LÉC.
				, i
	Name of Li	mited Liability Company		سر ٦٠
(320003	130 lele8			c)
Document Num	aber, if known			66
A copy of this resignation	n was mailed to the	above listed limited	liability company at its last kn	own address.
The agency is terminated	and the office disc	ontinued on the 31st	day after the date on which th	is statement is filed.
	<u> Uve</u>	Mre Se Signature of Resignin	g Agent	
If signing on behalf of an	entity:			
3	-			
		Typed or Printed Name		
		Capacity		

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

COVER LETTER

Division of Corporations
SUBJECT: Greg & Sandra Real Estate LLC Name of Limited Liability Company
DOCUMENT NUMBER: L22000280668
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:
Czregory Hernandez Jr
Greg a Sandra Real Estate LCC Name of Firm/Company
4322-1 Richard Denby Gattin Rd
Jacksonville FL 32277 City/State and Zip Code
Educitation) Education Com Educati
For further information concerning this matter, please call:
Oregony Hungandez Tr. at (484) 375 - 3599 Name of Person Area Code Daytime Telephone Number
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TO: Registration Section

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	e undersigned,	i 4
Yvonne	Danche ne of Registered Ager	2.7	, hereby resigns as	
Registered Agent for	Greg 4	Sandra	Real Estate	LLC 'o'
	Name of Lim	ted Liability Company	<u> </u>	
Document Number				
A copy of this resignation wa	as mailed to the a	bove listed limited li	ability company at its last kno	own address.
The agency is terminated and	d the office discor	ntinued on the 31st da	ay after the date on which this	s statement is filed.
	yvo	Nne Ser Signature of Resigning	Agent	
If signing on behalf of an ent	ity:)	
	Ty	ped or Printed Name		
 -		Capacity		

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