

L22000431580

(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:

Office Use Only



200396311042

2022 OCT 24 10:11 AM

FILED
2022 OCT 24 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 8851 NW 119 STREET 5212 HIALEAH LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L22000431580

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:

Kevin Tellado
Name of Person

8851 NW 119 STREET 5212 HIALEAH LLC
Name of Firm/Company

2630 W 81ST STREET
Address

HIALEAH, FL 33016
City/State and Zip Code

KEVIN@USAHEMPSOLUTIONS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Sanjurjo PA at (305) 370-3990
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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,

Federated Title and Trust LLC
_____, hereby resigns as

Name of Registered Agent

Registered Agent for 8851 NW 119 STREET 5212 HIALEAH LLC

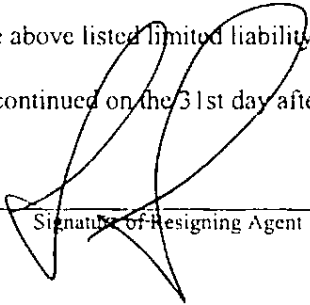
Name of Limited Liability Company

L22000431580

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:

Federated Title & Trust LLC

Typed or Printed Name

Manager / Member

Capacity

FILED
2022 OCT 24 PM 1:19
SECRETARY OF STATE
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**