

L22000445929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Ra Resignation

FEB 28 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Naim Real Estate Group LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L22000445929

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:

Samir A Naim

Name of Person

Naim Real Estate Team LLC

Name of Firm/Company

7802 Kingspointe Parkway Suite 208-A

Address

Orlando, Florida 32819

City/State and Zip Code

naimrealestateteam@gmail.com

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

For further information concerning this matter, please call:

Samir A Naim

Name of Person

at (818) 268-9917
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

SECRETARY OF STATE

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Normarie Naim _____, hereby resigns as

Name of Registered Agent

Registered Agent for Naim Real Estate Group LLC

Name of Limited Liability Company

L22000445929

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:

Typed or Printed Name

Capacity

SECRETARY OF STATE
CORPORATIONS DIVISION

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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withdrawn limited liability company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