

L23000097474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

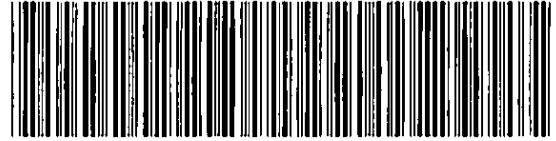
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/12/23 --01025--001 **\$50.00

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2023 SEP 12 AM 11:24

CLERK OF SUPERIOR COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1680 OAKES BOULEVARD II, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L23000097474

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:

JANA SEAMAN
Name of Person

VALO HOLDINGS GROUP, LLC
Name of Firm/Company

405 5TH AVE S
Address

NAPLES, FL 34102
City/State and Zip Code

jana.seaman@valoholdings.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JANA SEAMAN at (239) 249-5806
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2023 SEP 12 AM 11:24
TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

ALEX FIGARES, ESQ.

_____ , hereby resigns as

Name of Registered Agent

Registered Agent for 1680 OAKES BOULEVARD II, L.L.C.

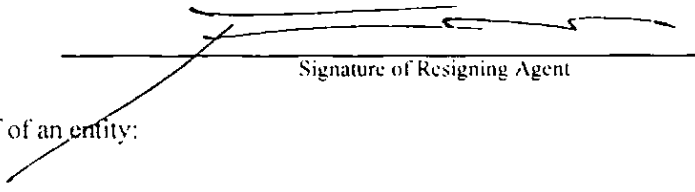
Name of Limited Liability Company

L23000097474

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

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**

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2023 SEP 12 AM 11:24
Tallahassee, FL