

L23000239732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

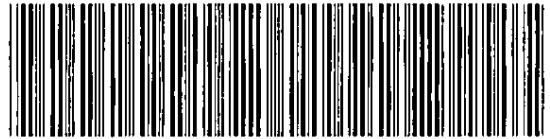
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000409734970

06/09/23--01013--002 **195.00

FILED

2023 JUN -9 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1375 SW 17TH TERRACE LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L23000239732

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:

LINDA ROTH, ESQ.

Name of Person

LINDA ROTH, P.A.

Name of Firm/Company

2333 Brickell Avenue, Suite UL4-Mezzanine

Address

Miami, FL 33129

City/State and Zip Code

lr@lindarothlaw.com

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

For further information concerning this matter, please call:

Linda Roth, Esq. at (305) 774-7070
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

JAVIER PRADO

, hereby resigns as

Name of Registered Agent

Registered Agent for 1375 SW 17TH TERRACE LLC

Name of Limited Liability Company

L23000239732

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:

Javier Prado

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 JUN -9 PM 12:36

FILED

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314