

L23000285723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ELITE TITLE AGENCY FLORIDA, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L23000285723

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:

PALMIERI, TEO

Name of Person

Name of Firm/Company

1600 PONCE DE LEON BLVD SUITE 801

Address

CORAL GABLES, FL 33141

City/State and Zip Code

teo@eliteoceanviewrealty.com

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

For further information concerning this matter, please call:

PALMIERI, TEO

Name of Person

at ( 786 ) 380-0581

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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DIVISION OF CORPORATIONS

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

REYES LAW OFFICE

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for ELITE TITLE AGENCY FLORIDA, LLC

\_\_\_\_\_  
Name of Limited Liability Company

L23000285723

\_\_\_\_\_  
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:

SUZETTE REYES

\_\_\_\_\_  
Typed or Printed Name

ATTORNEY

\_\_\_\_\_  
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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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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DIVISION OF CORPORATIONS  
STATE OF FLORIDA