L23000285723

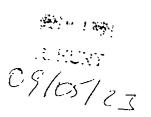
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ertified Copies Certificates of Status
Special Instructions to Filing Officer.
Office Use Only



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2023 SEP -5 PH 12: 40



COVER LETTER

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 for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
PALMIERI, TEO	2 ម
Name of Person	- - -
	938P
Name of Firm/Company	2023 SEP -5
Name of Firm/Company	
1600 PONCE DE LEON BLVD SUITE 801	FH12: 40
Address	2: 1
	0
CORAL GABLES, FL 33141	
City/State and Zip Code	-
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
PALMIERI, TEO nt (786	\380-0581
PALMIERI, TEO at (786 Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve limited liability company.	at of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Γ.Ο. D0λ 0327	The Centre of Tantanassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

INHS17 (2/14)

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision:	s of section 605.011	5, Florida Statutes, the unde	ersigned,	
REYES LAW OFFICE			, hereby resigns as	
	Name of Registered Age	nt		
Registered Agent for ELI	TE TITLE AGENCY	FLORIDA, LLC		
				•
	Name of Lin	ited Liability Company		
L23000285723				
Document Nun	iber, if known			
A copy of this resignation	n was mailed to the a	above listed limited liability	company at its last known add	ress.
The agency is terminated	and the office disco	ntinued on the 31st day afte	er the date on which this statem	ent is filed.
		Signature of Resigning Agent		
If signing on behalf of an	entity:			
	SUZETTE REYES			
•		yped or Printed Name		2029 SEP -5
-	ATTORNEY			SEI SEI
		Capacity		5
				70 digi
	FILING \$ 85.00 \$ 25.00	FEFS: Active limited liability condition Administratively dissolve withdrawn limited liabil	ompany ed/ voluntarily dissolved/ ity company	PH12: 40

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