

L23000511344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TO: Registration Section
Division of Corporations

CAPE CORAL PROPERTY, LLC

SUBJECT: _____
Name of Limited Liability Company

DOCUMENT NUMBER: L23000511344

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:

LEONARDO LUIS

Name of Person

CAPE CORAL PROPERTY, LLC.

Name of Firm/Company

50 NW 130 AVE

Address

MIAMI, FL 33182

City/State and Zip Code

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

For further information concerning this matter, please call:

LEONARDO LUIS

Name of Person

at (786 _____) 547-2001
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

YOSNIER LUIS, hereby resigns as
Name of Registered Agent

Registered Agent for CAPE CORAL PROPERTY, LLC

Name of Limited Liability Company

L23000511344

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.

x

[Signature]
Signature of Resigning Agent

If signing on behalf of an entity:

x

Yosnier Luis

Typed or Printed Name

Manager

Capacity

2024 FEB 23 11:10:01

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withdrawn limited liability company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