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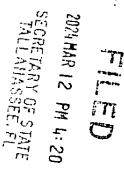
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02/13/24--01019--002 **25.00

03/12/24--01025--008 **50.00



COVER LETTER

Cardinal Property Leasing, LLC SUBJECT:	
Name of Limited Liability Compar	ny
DOCUMENT NUMBER: L23000535757	
The enclosed Resignation of Registered Agent for a Limited Liabili for filing.	ty Company and fee are submitted
Please return all correspondence concerning this matter to the follow	ving:
Elizabeth Medeiros	20241 SEC
Name of Person	二
Cardinal Property Leasing, LLC	2024 HAR 12 PH 4: 2 SECRETARY OF STA
Name of Firm/Company	SAP R
2001 9th Ave Suite 110	ms
Address	(17)
Vero Beach, FL 32960	
City/State and Zip Code	
elizabeth.medeiros@cardinalproperties.org	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Elizabeth Medeiros 772 584-450 at ()	
Name of Person Area Code Daytin	ne 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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 provisi	ons of section 605.0115, Florida Statutes, the u	ndersigned,
United States Corporation	on Agents, Inc	, hereby resigns as
	Name of Registered Agent	, nereby resigns as
Registered Agent for _	Cardinal Property Leasing, LLC	
	Name of Limited Liability Company	,
L23000535757		
Document N	Number, if known	
	ion was mailed to the above listed limited liabiled and the office discontinued on the 31st day a	ifter the date on which this statement is filed
	Signature of Resigning Age	<u>.</u> * **
If signing on behalf of	an entity:	mon -
	Bill Willis	PH 4:2
	Typed or Printed Name AMBR	
	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

COVER LETTER

Registration Section Division of Corporations Cardinal Property Leasing, LLC SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: L23000535757 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: Elizabeth Medeiros Name of Person Cardinal Property Leasing, LLC Name of Firm/Company 2001 9th Ave. Suite 110 Address Vero Beach, FL 32960 City/State and Zip Code elizabeth.medciros@cardinalproperties.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Elizabeth Medeiros

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

Name of Person

Street Address:

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Daytime Telephone Number

TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.01	15, Florida Statutes, the und	ersigned,		
United States Corporation Agents, Inc			_ , hereby resigns as		
	Name of Registered Ag	ent	_ , hereby resigns as		
Registered Agent for _	Cardinal Property Leasi	ng, LLC			
	Name of Li	mited Liability Company		;	
L23000535757					
Document N	umber, if known				
		_	er the date on which this terms of the date on which the last known address the date on which the last known address the date on which the last known address th	1	
		Signature of Resigning Agent	R 12 P	trani i i emma	
If signing on behalf of a	ın entity:				
	Bill Willis		PM 4:21	"Parasis	
	AMBR	Typed or Printed Name			
		Capacity			

\$ 85.00 Active limited liability company Administratively 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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