

L9900000 4872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

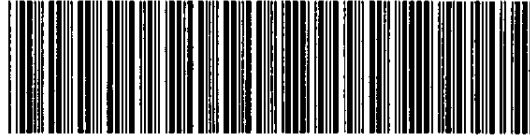
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 21 2015
J. HARRIS

Aug. 18, 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE VILLAS AT LAUDERHILL LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L99000004872

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:

Benjamin R. Jacobi, Esquire

Name of Person

Benjamin R. Jacobi, P.A.

Name of Firm/Company

1313 N.E. 125th Str. - #200

Address

North Miami FL 33161

City/State and Zip Code

jacobilawfirm@aol.com

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

For further information concerning this matter, please call:

Benjamin R. Jacobi

Name of Person

at (305) 893-4135

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Benjamin Jacobi, Esq.

Name of Registered Agent

, hereby resigns as

Registered Agent for **THE VILLAS AT LAUDERHILL LLC**

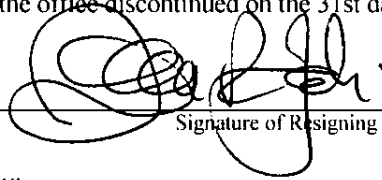
Name of Limited Liability Company

L99000004872

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:

Typed or Printed Name

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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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA