Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT RESIGNATION **EQUITY REAL ESTATE SOLUTIONS, LLC**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Equity Real Estate Solutions , LLC			
Name of Limited Liability Company			
DOCUMENT NUMBER: M02000001376			
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted		
Please return all correspondence concerning this m	natter to the following:		
Kate Seidita	•		
Name of Person			
C T CORPORATION SYSTEM			
Name of Firm/Company			
111 8th Avenue, 13th Floor			
Address	 -		
New York, New York 10011			
City/State and Zip Code			
kate.seiditia@wolterskluwer.com			
E-mail address: (to be used for future annual report not	ification)		
For further information concerning this matter, ple	ase call:		
af (12 894-8526		
Name of Person	rea Code Daytime Telephone Number		
Enclosed is a check made payable to the Florida D liability company or \$25.00 for an administratively liability company.	epartment of State for \$85.00 for an active limited values dissolved, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS: Registration Section	STREET ADDRESS: Registration Section		

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

INHS17 (2/14)

P.O. Box 6327

Registration Section
Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

C T CORPORATIO		5, Florida Statutes, the un	<i>.</i>	
Name of Registered Agent		nt	, hereby resigns as	
Registered Agent for				
Equity Real Estate	Solutions , LLC			
	Name of Lin	nited Liability Company		
M02000001376				
Document Nu	mber, if known	***		
A copy of this resignation	on was mailed to the	above listed limited liabili	ty company at its last known address,	
The agency is terminates	and the office disc.	minued on the 31st day a	fter the date on which this statement is filed.	
•		つ .		
	100	Signature of Resigning Ager	nt .	
If signing on behalf of a	n antitre			
it signing on behan of a	•	Contone Kata Calab	. _	
		System - Kate Seidi	ta	
	Assistant Secretary			
	73336	Capacity		
		~_p~		
· :	<u>FILING</u> \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited liab	company lved/voluntarily dissolved/ pility company	
			_	
:	Make checks novel	ole to Florida Department o	of State and mail to:	
	Make enecks payar	Division of Corporations	or State and man to:	
		P.O. Box 6327 Tallahassee, FL 32314		
		14441113366, FL 32314	of State and mail to:	
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