

12/6/21, 6:46 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

M02000005215

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

From: Account Name : ROGERS, TOWERS, BAILEY, ET AL
Account Number : 076666002273
Phone : (904)398-3911
Fax Number : (904)396-0663

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

Email Address: _____

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SECRET

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 DEC - 7 PM 1: 55

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**LLC REGISTERED AGENT RESIGNATION
GRIFFIN HEIGHTS, LLC**

Certificate of Status	0
Certified Copy	0
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Griffin Heights, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M02000003215

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:

Joseph H. O'Shields

Name of Person

Rogers Towers, P.A.

Name of Firm/Company

1301 Riverplace Blvd. Suite 1500

Address

City/State and Zip Code

Jacksonville, Florida 32207

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

For further information concerning this matter, please call:

Gloria Rivera at (904) 346-5726

Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

H21000445040

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Joseph H. O'Shields _____, hereby resigns as

Name of Registered Agent

Registered Agent for Griffin Heights, LLC

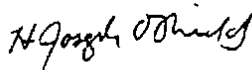
Name of Limited Liability Company

M02000003215

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

FILED
2021 DEC -7 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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