

MD5000004163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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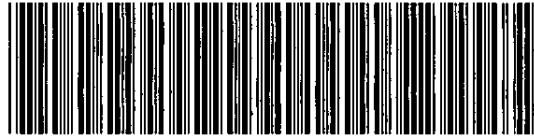
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SBBR 1, LLC
(Name of Corporation)

DOCUMENT NUMBER: M05000004163

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven Mishan
(Name of Person)

Law Offices of Steven Mishan, P.A.
(Name of Firm/Company)

848 Brickell Ave. Ste 1100
(Address)

Miami, FL 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

Steven Mishan at (305) 577-5999
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

LIMITED LIABILITY COMPANY
608.416(2) or 608.509

Pursuant to the provisions of sections ~~607.0502(2), 617.0502(2), 607.1509, or 617.1509,~~

Florida Statutes, the undersigned, Steven Mishan
(Name of Registered Agent)

hereby resigns as Registered Agent for SBBR 1, LLC
(Name of Corporation)

M05000004163
(Document Number, if known)

A copy of this resignation was mailed to the above listed ~~corporation~~ 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]
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314