

MD5000004166

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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3/25

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SBHI 2, LLC
(Name of Corporation)

DOCUMENT NUMBER: M05000004166

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

608.416(2) or 608.509 COMPANY

Pursuant to the provisions of sections ~~607.0502(2), 617.0502(2), 607.1509, or 617.1500~~

Florida Statutes, the undersigned,

Steven Mishan
(Name of Registered Agent)

hereby resigns as Registered Agent for

MODEL PRODUCTION SBHI 2, LLC
(Name of Corporation)

M05000004166

(Document Number, if known)

Limited Liability Company

A copy of this resignation was mailed to the above listed ~~corporation~~ at its last known address.

LLC

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)

FILED
08 MAR 21 PM 12:15
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

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withdrawn corporation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