

1108000000171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

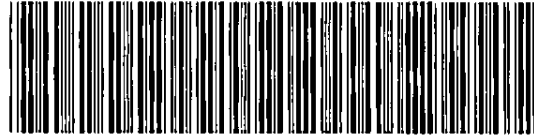
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 OCT 31 PM 12:40

RECEIVED
2023 OCT 31 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. HUNT
10/24/23

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 10/31/2023

PRIORITY Routine

OUR REF # (Order ID#) Westley

ORDER ENTITY

35-24 REALTY LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

35-24 REALTY LLC

Please file the attached resignation filing.

NOTES:

\$85.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



2023 OCT 31 PM 12:40
DIVISION OF STATE
14 ELL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 35-24 REALTY LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M08000004171

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:

Westley Look

Name of Person

Incorporating Services, Ltd.

Name of Firm/Company

3500 S DuPont Highway

Address

Dover, DE 19901

City/State and Zip Code

wlook@incserv.com

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

For further information concerning this matter, please call:

Westley Look

at (302) 531-0703

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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DIVISION OF CORPORATIONS
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,

Incorporating Services, Ltd.

Name of Registered Agent

, hereby resigns as

Registered Agent for 35-24 REALTY LLC

Name of Limited Liability Company

M08000004171

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:

Amanda Archambault

Typed or Printed Name

Assistant Secretary

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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DIVISION OF CORPORATIONS
FILED