## M09000005050

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S TALLENT

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RIM Resign

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT:	PORT RICHEY REAL ESTAT	E, LLC
<u></u>	Name of Limited Liability	/ Company
DOCUMENT NUMBER:	M0900005050	
The enclosed Resignation of Refor filing.	gistered Agent for a Limited	d Liability Company and fee are submitted
Please return all correspondence	e concerning this matter to t	he following:
LISA A STARRY		
Name of F	erson	-
TRAC - THE REGISTERED AGEN	NT COMPANY	
Name of Firm	/Company	_
715 SAINT PAUL ST		
Addre	SS	-
BALTIMORE MD 21202		
City/State and	Zip Code	-
FINANCE@TRACAGENTS.COM		
E-mail address: (to be used for fi	uture annual report notification)	-
For further information concern	ing this matter, please call:	
LISA A STARRY	410 at (	752-8030
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.011	15, Florida Statutes, the unde	rsigned,		
TRAC - THE REGISTERED AGENT COMPANY			, hereby resigns as		
Name of Registered Agent					
Registered Agent for _	NEW PORT RICHEY REAL ESTATE, LLC				
	Name of Lin	nited Liability Company			
M09000005050					
Document N	umber, if known				
The agency is terminat	ed and the office disco	ontinued on the 31st day after Signature of Resigning Agent	r the date on which this stat	ementis file	xi.
If signing on behalf of	an entity:				
	LISA A STARRY			20	
		Typed or Printed Name DF TRAC - THE REGISTER Capacity	ED AGEN	2020 JUN 22	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liabili	ompany ed/votuntarity dissolved/ ity company	84:1 Hd	

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