

m10000004861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

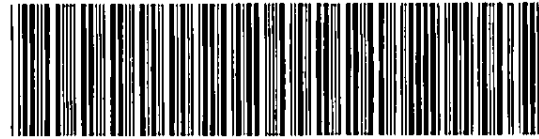
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AZ Ocala Ranch, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M100000004861

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:

Scott Seldin
Name of Person

Midwest AZ Management LLC
Name of Firm/Company

7339 E Evans Rd ste 210
Address

Scottsdale AZ 85260
City/State and Zip Code

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

For further information concerning this matter, please call:

Scott Seldin at (480) 951-1800
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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CLERK OF STATE
DEPARTMENT OF STATE

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Charles R Forman, hereby resigns as
Name of Registered Agent

Registered Agent for AZ Ocala Ranch LLC
Name of Limited Liability Company

M10000004861
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.

Charles R Forman
Signature of Resigning Agent

If signing on behalf of an entity:

Charles R Forman
Typed or Printed Name
Registered Agent
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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

FILED
2025 APR -7 PM 2:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA