

M110000000467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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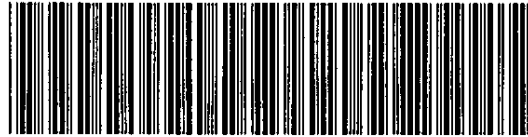
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 20 2015  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Plaza Del Rio Associates, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M11000000407

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:

George Schmidt

Name of Person

Gordon Management Co., Inc.

Name of Firm/Company

115 South Main St., Ste. 200

Address

Royal Oak, MI 48067

City/State and Zip Code

gschmidt@gordonmanagementco.com

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

For further information concerning this matter, please call:

George Schmidt

Name of Person

at (248)

Area Code

547-0808 x 105

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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TALLAHASSEE, FLORIDA

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

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

Robert C. Schermer

, hereby resigns as

Name of Registered Agent

Registered Agent for Plaza Del Rio Associates, LLC

Name of Limited Liability Company

M11000000407

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:

Typed or Printed Name

Capacity

## **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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