Maccobsig

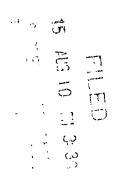
(Red	questor's Name)	
(Add	Iress)	
(Add	Iress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	filing Officer:	

Office Use Only



300275840413

08/10/15--01029--016 **25.00



AUG 11 2015 S. YOUNG

COVER LETTER

SUBJECT: 421 9TH STREET LLC Name of Limited Liability Company	
DOCUMENT NUMBER: M12000003802	
The enclosed Resignation of Registered Agent for a Limited Liability for filing.	Company and fee are submitted
Please return all correspondence concerning this matter to the following	ng:
Florence Spelzhausen	
Name of Person	
National Corporate Research, Ltd.	
Name of Firm/Company	
615 S. Dupont Hwy	or on the second
Address	i 2 -
Dover, DE 19901	
City/State and Zip Code	TILE D
	: Q
E-mail address: (to be used for future annual report notification)	CO
For further information concerning this matter, please call:	
Florence Spelzhausen 866 621-352	24
Name of Person at () Area Code Daytime	Telephone Number

MAILING ADDRESS:

liability company.

Registration Section Division of Corporations

:OT

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.01	15, Florida Statutes, the u	ndersigned,		
National Corporate Research, Ltd.		, hereby resigns as	esions as		
	Name of Registered Ag	-	, nevery resigns as		
Registered Agent for 42	21 9TH STREET	T LLC			
	Name of L	imited Liability Company			,
M12000003802					
Document Nu	mber, if known				
		e above listed limited liabile continued on the 31st day a			filed
_	Ton			Ä	
If signing on behalf of a		Signature of Resigning Age	ent	A.	7
in signing on ochair of at	•	to a second		ō	LED
	Florence Spelz			P	
	Assistant Secre	Typed or Printed Name		دي ا	
	Assistant Secre	Capacity		:: 3g	
	FILING \$ 85.00	G FEES:	v company		
	\$ 25.00	Administratively disso withdrawn limited lia	y company olved/ voluntarily dissol ibility company	ved/	

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