

M14 000000 4555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAR - 7 2023

Office Use Only




100402117801

SECRETARY OF STATE
TALLAHASSEE, FL
2023 MAR - 6 AM 11: 21
RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2023 MAR - 6 AM 11: 30
RECEIVED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 546542 7649595
AUTHORIZATION : 
COST LIMIT : \$ 85.00

ORDER DATE : March 3, 2023
ORDER TIME : 9:52 AM
ORDER NO. : 546542-300
CUSTOMER NO: 7649595

RESIGNATION OF RA

NAME: MILLENIA TURNBERRY, L.L.C.

XX RESIGNATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyllena Baker-EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Millenia Turnberry, L.L.C.
Name of Limited Liability Company

DOCUMENT NUMBER: M14000004555

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:

RESIGNATIONS DEPARTMENT

Name of Person

CORPORATION SERVICE COMPANY

Name of Firm/Company

251 LITTLE FALLS DRIVE

Address

WILMINGTON, DE 19808

City/State and Zip Code

ANNUALREPORTS@CSCGLOBAL.COM

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

For further information concerning this matter, please call:

RESIGNATION DEPT _____ at (800) 927-9801
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

CORPORATION SERVICE COMPANY _____, hereby resigns as

Name of Registered Agent

Registered Agent for Millenia Turnberry, L.L.C.

Name of Limited Liability Company

M114000004555

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.



Assistant Vice President

Signature of Resigning Agent

If signing on behalf of an entity:

BY EYLIENA BAKER

Typed or Printed Name

VICE PRESIDENT

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**

SECRETARY
TALLAHASSEE, FL

2023 MAR -6 AM 11:21

211-770

7A