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COVER LETTER

TO:	Registration Section Division of Corporations		
SUB	JECT: MANHATTAN MIAMI REA		
		of Limited Liabili	y Company
DOC	CUMENT NUMBER: M15000001	1/6/	
The for fi		Agent for a Limite	ed Liability Company and fee are submitted
Pleas	se return all correspondence concern	ing this matter to	the following:
MAi	RGARET MUSZELIK		
	Name of Person		_
TRA	C - THE REGISTERED AGENT	COMPANY	
	Name of Firm/Company		_
715	SAINT PAUL STREET		
	Address		_
BAL	TIMORE, MD 21202		
	City/State and Zip Code		_
	E-mail address: (to be used for future annua	l report notification)	_
For t	urther information concerning this n	natter, please call:	
MAF	RGARET MUSZELIK	410	752-8030
	Name of Person	Area Cod	752-8030 Daytime Telephone Number
liabil	osed is a check made payable to the lity company or \$25.00 for an adminity company.	Florida Departme istratively dissolv	nt of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn limite

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.011:	5, Florida Statutes, the un	dersigned.			
TRAC - THE REG	ISTERED AGENT	COMPANY	, hereby resigns a	s		
\	Name of Registered Ager	nl		•		
Registered Agent for $\frac{\hbar}{2}$	MANHATTAN MIAI	MI REAL ESTATE LL	_C			_
<u>. </u>	Name of Lim	ited Liability Company		<u> </u>		 -
M15000001767						
Document N	umber, if known					
A copy of this resignati	on was mailed to the a	bove listed limited liabili	ty company at its las	st known	addres	SS.
The agency is terminate	ed and the office disco	ntinued on the 31st day at	fter the date on whic	h this sta	itemen	t is filed.
		Signature or Resigning Agen	<u>)</u>			
If signing on behalf of a	an entity:	J				
	MARGARET MU	JSZELIK			~3	
		yped or Printed Name		<u> </u>	25 25	
	ASSISTANT SE		<u>و</u> بو آين	2016 JUL		
	***************************************	Capacity		الماري الأداري الأداري	2	· "
				2 - 1 1		TT
		TERA)		25 m:	다.	<u>(</u>
	\$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited liab	company lved/ voluntarily dis oility company	医产 ssolved/	: 52	

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