

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M16 00009056

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000112509 3)))



H230001125093AECX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : RAS1
Account Number : I20220000023
Phone : (800)221-2972
Fax Number : (917)243-5843

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

2023 MAR 24 PM 2:22

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT RESIGNATION
354 E.134TH STREET PARTNERS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2023 FEB 24 PM 5:06

APPROVED
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 25 2023

K. Brumley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 354 E. 134TH STREET PARTNERS, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M16000009056

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:

TRACEE COTTON

Name of Person

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Name of Firm/Company

100 WALL ST, STE 1401

Address

NEW YORK, NY 10005

City/State and Zip Code

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

For further information concerning this matter, please call:

TRACEE COTTON

Name of Person

at (888)

Area Code

989-9589

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

hereby resigns as

Name of Registered Agent

Registered Agent for 354 E. 134TH STREET PARTNERS, LLC

Name of Limited Liability Company

M16000009056

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:

MARY BROOKS

Typed or Printed Name

ASSISTANT SECRETARY

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

2023 FEB 24 PM 5:06

APPROVED
AND
FILED