

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

M14 000009068

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

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Account Name : RAS1  
Account Number : I20220000023  
Phone : (800)221-2972  
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

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

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MAR 25 2023

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 352 E. 134TH STREET PARTNERS, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M16000009068

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

888

989-9589

Name of Person

at ( )

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for 352 E. 134TH STREET PARTNERS, LLC

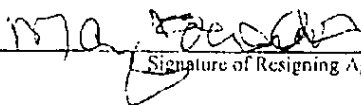
Name of Limited Liability Company

M16000009068

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

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