

M18000009409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

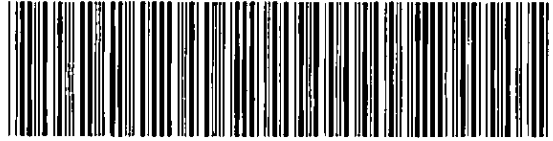
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900435719929

08/30/24--01017--021 **1190.00

FILED
2024 AUG 30 AM 8:18
TALLAHASSEE, FLORIDA
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAIR HAVENS OPCO, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M18000009409

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:

Kelly Casey

Name of Person

Cogency Global Inc.

Name of Firm/Company

800 N. State Street #403

Address

Dover, Delaware 19901

City/State and Zip Code

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

For further information concerning this matter, please call:

Kelly Casey

Name of Person

at (866) 621-3524

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Cogency Global Inc. _____, hereby resigns as

Name of Registered Agent

Registered Agent for FAIR HAVENS OPCO, LLC

Name of Limited Liability Company

M18000009409

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.

Kelly Casey

Signature of Resigning Agent

If signing on behalf of an entity:

Kelly Casey

Typed or Printed Name

Assistant Secretary/Cogency Global Inc.

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

DEPT. OF STATE
TALLAHASSEE, FLORIDA

2024 AUG 30 AM 8:18

FILED