

M18 0000 10951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

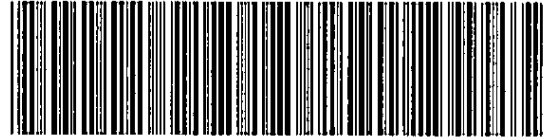
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2711 ALLEN RD APARTMENTS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M18000010951

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:

SCOTT J. SCHUSTER
Name of Person

CORPORATE SERVICE BUREAU INC.
Name of Firm/Company

283 WASHINGTON AVENUE
Address

ALBANY, NY 12206
City/State and Zip Code

ACCOUNTING@CORPORATEBUREAU.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIN LEWANDOWSKI at (518) 463-4179 EXT. 1202
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2021

SCOTT J. SCHUSTER
CORPORATE SERVICE BUREAU INC.
283 WASHINGTON AVENUE
ALBANY, NY 12206

SUBJECT: 2711 ALLEN RD APARTMENTS, LLC
Ref. Number: M18000010951

We have received your document for 2711 ALLEN RD APARTMENTS, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

You failed to sign the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 421A00021930

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CORPORATE SERVICE BUREAU INC., hereby resigns as
Name of Registered Agent

Registered Agent for 2711 ALLEN RD APARTMENTS, LLC

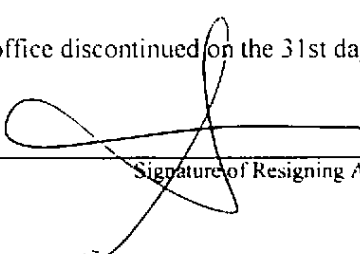
Name of Limited Liability Company

M18000010951

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:

SCOTT J. SCHUSTER

Typed or Printed Name

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

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