

12/18/23, 1:38 PM

Division of Corporations

M19000000737

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To:

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

From:

Account Name : VCORP SERVICES, LLC  
Account Number : I20080000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

**\*\*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 DEC 18 PM 3:54  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT RESIGNATION  
ALLISTER PLACE OWNER LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

## Electronic Filing Menu

Corporate Filing Menu

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Allister Place Owner LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** M19000000737

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anastasia Degroat

(Name of Person)

Vcorp Agent Services, Inc.

(Name of Firm/Company)

25 Robert Pitt Dr Ste 204

(Address)

Monsey, NY 10952

(City/State and Zip Code)

For further information concerning this matter, please call:

Anastasia

(Name of Person)

at ( 845 ) 4250077

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, VCORP Agent Services Inc

(Name of Registered Agent)

hereby resigns as Registered Agent for Allister Place Owner LLC

(Name of Corporation)

M19000000737

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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.

Anastasia DeGroat

(Signature of Resigning Agent)

If signing on behalf of an entity:

Anastasia Degroat

(Typed or Printed Name)

Authorized Person

(Capacity)

**Fee for filing this document:**

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

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