

MI9000006499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

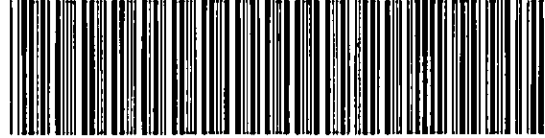
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 604 BOSTON STREET LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M19000006499

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:

Ethan Conrad

Name of Person

Name of Firm/Company

5277 Tower Rd A-1

Address

Tallahassee, FL 32303

City/State and Zip Code

jmmaterna@gmail.com

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

For further information concerning this matter, please call:

Ethan Conrad 850 766-3252
Name of Person at () Daytime Telephone Number
Area Code

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Ethan Conrad

, hereby resigns as

Name of Registered Agent

Registered Agent for 604 BOSTON STREET LLC

Name of Limited Liability Company

M19000006499

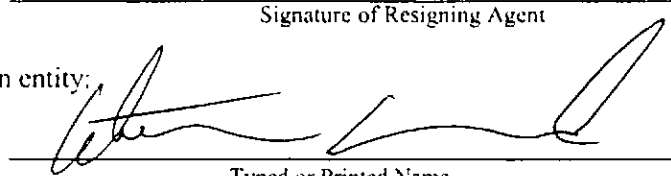
Document Number, if known

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.

If signing on behalf of an entity:

Signature of Resigning Agent



Typed or Printed Name

Capacity

FILED
2003 JAN 20 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FL

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