

M19 0000006502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

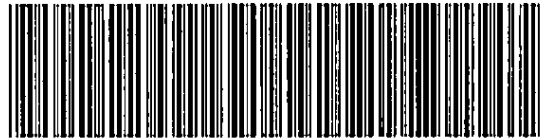
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200381724072

02/14/22--01036--015 **85.00

2022 FEB 14 AM 11:22
ECM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Realex Limited Liability Company
Name of Limited Liability Company

DOCUMENT NUMBER: M119000006502

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:

Yuri Zakharchenko
Name of Person

Realex LLC
Name of Firm/Company

70 Little West Street Apt. 32A
Address

New York NY 10004
City/State and Zip Code

dmitriy.segal@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dmitriy Segal at (646-331-7192)
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Candace Cate _____, hereby resigns as

Name of Registered Agent

Registered Agent for Realex Limited Liability Company _____

Name of Limited Liability Company

M19000006502 _____

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.

Candace Cate

Signature of Resigning Agent

If signing on behalf of an entity:

BeachRentals.Mobi LLC _____

Typed or Printed Name

Member _____

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