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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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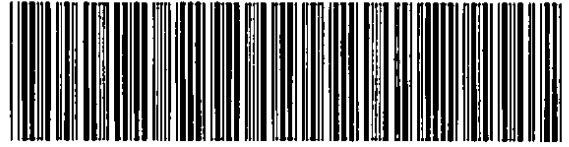
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 716 3RD AVE N LLC, A NEW YORK LIMITED LIABILITY COMPANY

Name of Limited Liability Company

DOCUMENT NUMBER: M20000003056

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:

ODELIA GOLDBERG

Name of Person

THE LAW OFFICES OF ODELIA GOLDBERG

Name of Firm/Company

1270 SW 26TH AVENUE

Address

FORT LAUDERDALE, FL 33312

City/State and Zip Code

ODELIA@OGOLDBERGLAW.COM

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

For further information concerning this matter, please call:

ODELIA GOLDBERG

Name of Person

at (954)

Area Code

832-0885

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

ODELIA GOLDBERG

hereby resigns as

Name of Registered Agent

Registered Agent for 716 3RD AVENUE LLC, A NEW YORK LIABILITY COMPANY

Name of Limited Liability Company

M20000003056

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:

Typed or Printed Name

Capacity

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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**