

M20 0000006666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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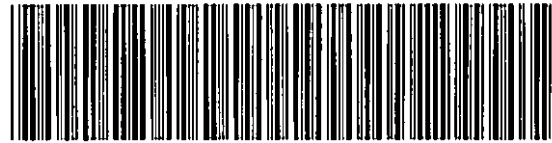
(Business Entity Name)

(Document Number)

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RA Resignation

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Coredadi Holdings, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M20000006666

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:

Jason Perlman, Esq.

Name of Person

PBYA Corporate Services, LLC

Name of Firm/Company

200 S. Andrews Avenue Suite 600

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

jlopez@pbyalaw.com

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

For further information concerning this matter, please call:

Juan A. Lopez

at (954) 566-7117

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

PBYA Corporate Services, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for Coredadi Holdings, LLC

Name of Limited Liability Company

M20000006666

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:

Jason Perlman

Typed or Printed Name

Authorized Representative

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