

MA21000013509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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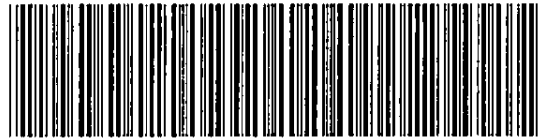
(Business Entity Name)

(Document Number)

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2025 JUN 18 AM 9:20
JUL 18 2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3184 SHERIDAN AVENUE LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M21000013509

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:

Sierra Campos
Name of Person

First Corporate Solutions Inc
Name of Firm/Company

914 S St
Address

Sacramento CA 95811
City/State and Zip Code

raservices@ficoso.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sierra Campos at (916) 3138925
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

First Corporate Solutions Inc _____, hereby resigns as

Name of Registered Agent

Registered Agent for 3184 SHERIDAN AVENUE LLC _____

Name of Limited Liability Company

M21000013509 _____

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:

Sierra Campos _____

Typed or Printed Name

Assistant Secretary _____

Capacity

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2025 JUN 18 AM 9:20
CL
2025 JUN 18

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