

Ma1000014468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

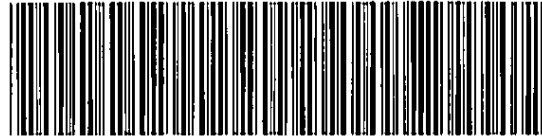
(Document Number)

Certified Copies _____

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S. CHATHAM

AUG 25 2023

2023 AUG 24 PM 2:34

71 33

RECEIVED
2023 AUG 24 PM 1:14
TALLAHASSEE, FL 32310
CORPORATIONS

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 08/24/2023

****WALK IN****

ENTITY NAME 1245 OPA LOCKA LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$85

ACCOUNT #: 120160000072

S. R. H.

Please call Tina at the above number for any issues or concerns. Thank you so much!

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Platinum Agent Services LLC
_____, hereby resigns as
Name of Registered Agent

Registered Agent for _____
1245 OPA LOCKA LLC

Name of Limited Liability Company

M21000014468

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.

/s/ Steven Friedman

Signature of Resigning Agent

If signing on behalf of an entity:

Steven Friedman

Typed or Printed Name

Authorized Person

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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