

M220000008312

(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:

J. HORNE
FEB - 6 2025

Office Use Only



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FILED
2025 FEB - 5 AM 10:36
SULLY COUNTY
TALLAHASSEE, FL

RECEIVED
2025 FEB - 5 PM 1:15
SULLY COUNTY
TALLAHASSEE, FL

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 02/05/2025

****WALK IN****

ENTITY NAME FT. MYERS LAURELS MULTIFAMILY LLC

DOCUMENT NUMBER _____

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

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

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

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

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

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 85.00

ACCOUNT # I20140000108
United Corporate
Services, Inc.

Keith Heyward

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FT. MYERS LAURELS MULTIFAMILY LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M22000008362

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:

JEFFREY SRULOWITZ

Name of Person

FT. MYERS LAURELS MULTIFAMILY LLC

Name of Firm/Company

515 MADISON AVE., STE. 36

Address

NEW YORK, NY 10022

City/State and Zip Code

jeffrey@manhattanfive.com

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

For further information concerning this matter, please call:

JEFFREY SRULOWITZ at (917) 2822347
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

United Corporate Services, Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for FT. MYERS LAURELS MULTIFAMILY LLC

Name of Limited Liability Company

M22000008362

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.
United Corporate Services, Inc.

BY: Michael A. Barr

Signature of Resigning Agent

If signing on behalf of an entity:

Michael A. Barr

Typed or Printed Name

President, United Corporate Services, Inc.

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