M22000012351

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT RESIGNATION
BUENA VISTA APARTMENTS OF MIAMI LLC

Certificate of Status	0
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Page Count	02
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BUENA VISTA APARTMENTS OF MIAMI LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M22000012351

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:

Michael Connolly
Name of Person

Vcorp Compliance
Name of Firm/Company

25 Robert Pitt Drive, Suite 204
Address

Monsey, NY 10952
City/State and Zip Code

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

For further information concerning this matter, please call:

Michael Connolly at (845) 425-0077
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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Vcorp Agent Services, Inc. , hereby resigns as
Name of Registered Agent

Registered Agent for BUENA VISTA APARTMENTS OF MIAMI LLC

Name of Limited Liability Company

M22000012351
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/ Anthony Palazzo
Signature of Resigning Agent

If signing on behalf of an entity:

Anthony Palazzo
Typed or Printed Name

Asistant Secretary
Capacity

2025 JAN 22 P1:9:25

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

INHS17 (2/14)