

M23000014016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

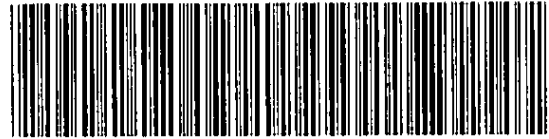
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TALLAHASSEE, FLORIDA

#3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 7735 HAWTHORNE LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M23000014016

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:

LOUIS PONCE
Name of Person

LOUIS PONCE PA
Name of Firm/Company

13943 EXOTICA LANE
Address

WELLINGTON, FL 33414
City/State and Zip Code

LOUISPONCE!@GMAIL>COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOUIS PONCE at (305) 432-6072
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

#3

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

RAQUEL PIJUAN

, hereby resigns as

Name of Registered Agent

Registered Agent for 7735 HAWTHORNE LLC

Name of Limited Liability Company

M23000014016

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:

7735 HAWTHORNE LLC

Typed or Printed Name

MANAGER

Capacity

FILED
2024 JUL -2 PM12:13
TALLAHASSEE, FLORIDA
CLERK OF COURT

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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