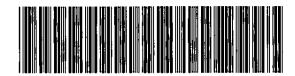


(Re	equestor's Name)		
(Address)			
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



400295570364

400295570364 02/15/17--01010--008 **25.00

17 FEB 15 PH 12: 22

FILED

SECRETARY OF STATE

OF THE 15 MB 8: 01

D. SCOTT FEB 1 6 2017

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Flagler Street Associa	ates, LLC				
					
		}			
	 			Art of Inc. File	
				LTD Partnership File	
				Foreign Corp. File	
				L.C. File	_
				Fictitious Name File	
				Trade/Service Mark	
		Ì		Merger File	
				Art. of Amend. File	<u> </u>
				RA Resignation	
				Dissolution / Withdrawal	
				Annual Report / Reinstatement	
				Cert. Copy	
				Photo Copy	SECO.
			<u> </u>	Certificate of Good Standing	
				Certificate of Status	- SSESSION TO THE
				Certificate of Fictitious Name	
				Corp Record Search	
				Officer Search	
				Fictitious Search	
Signature				Fictitious Owner Search	<u>-</u>
				Vehicle Search	
· · · · · · · · · · · · · · · ·	_ .	_ _		Driving Record	
Requested by: Seth	02/15/17			UCC 1 or 3 File	
Name	Date	Time		UCC 11 Search	
Walk-In	Will Pick Up	<u> </u>		UCC 11 Retrieval	_

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	Flagler Street Associates,	LLC	v Company	···
DOC	UMENT NUMBER: M990000005		Company	
The er	nclosed ⁻ Resignation of Registered A ing.	gent for a Limited	d Liability Company	and fee are submitted
Please	e return all correspondence concerni	ng this matter to t	he following:	
Jona	than A. Heller, Esq.			
	Name of Person		_	
Law	Office of Jonathan A. Heller, P.A.			
	Name of Firm/Company		-	
14 N	E 1st Ave, Suite 1105			TAN
	Address		-	AR AR
Mian	ni, FL 33132			るる 一 厂
	City/State and Zip Code		-	SHO TE
jonat	han@jhellerlaw.com			F.S.T. 80
E	-mail address: (to be used for future annual	report notification)	-	
For fu	orther information concerning this m	atter, please call:		₽
Jona	than A. Hellèr	305	372-5000	
	Name of Person	at (Area Code	Daytime Telephone	Number
liabili	sed is a check made payable to the I ty company or \$25.00 for an admini ty company.	Florida Departmer stratively dissolve	nt of State for \$85.00 ed, voluntarily dissolv	for an active limited ved or withdrawn limited
MAI	LING ADDRESS:		ET ADDRESS:	
	tration Section	Registration Section		
	ion of Corporations		on of Corporations	
	Box 6327		n Building Executive Center Circ	la.
Tallal	hassee, FL,32314		executive Center Circ	AC .

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115, Florida Statutes, th	e undersigned,
Jonathan A. Heller, E	Esq.	, hereby resigns as
	Name of Registered Agent	,,
Fla Registered Agent for	agler Street Associates, LLC	
		•
	Name of Limited Liability Company	
M99000000554		
Document Nun	nber, if known	
A copy of this resignation	n was mailed to the above listed limited li	ability company at its last known address.
The agency is terminated	and the office discontinued on the 31st d	ay after the date on which this statement is filed.
	Signature of Resigning	Agent
	organizate of Acongraing	. Bair
If signing on behalf of an	•	
	Jonathan A. Heller, Esq.	
	Typed or Printed Name	
	Capacity	
		78. 4
		dissolved/voluntarily dissolved/ 5 5 1 1 liability company
	Make checks payable to Florida Departu Division of Corpora P.O. Box 6327	nent of State and mail to:

Tallahassee, FL 32314