

D96 000000001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

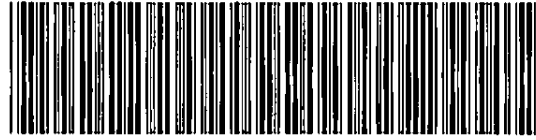
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 JUL 25 PM 12:04  
SECRETARY OF STATE  
TALLahassee, FL

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R/A - Resign  
8/1/19  
DC  
Declaration of Trust

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** L&B BISCAYNE TOWER

(Name of Corporation)

**DOCUMENT NUMBER:** D96000000001

The enclosed Resignation of Registered Agent for a ~~Corporation~~ <sup>Declaration of Trust</sup> and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**RESIGNATION DEPARTMENT**

(Name of Person)

**CORPORATION SERVICE COMPANY**

(Name of Firm/Company)

**80 STATES STEET**

(Address)

**ALBANY NY 12207**

(City/State and Zip Code)

For further information concerning this matter, please call:

**RESIGNATION DEPARTMENT** at **518 733-7018**

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active ~~corporation~~ or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn ~~corporation~~.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT  
FOR A ~~CORPORATION~~  
Declaration of Trust**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, THE PRENTICE-HALL CORPORATION SUSTEM, INC.  
(Name of Registered Agent)

hereby resigns as Registered Agent for L&B BISCAYNE TOWER  
(Name of Corporation)

D96000000001  
(Document Number, if known) *Declaration of Trust*

A copy of this resignation was mailed to the above listed ~~corporation~~ *Declaration of Trust* 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.

*Robin Molt*  
(Signature of Resigning Agent)

If signing on behalf of an entity:

BY ROBIN MOLT  
(Typed or Printed Name)

ASST SECRETARY FOR THE AGENT  
(Capacity)

FILED  
2019 JUL 25 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FL

**Fee for filing this document:**

- \$87.50 - Active ~~Corporation~~
- \$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn ~~corporation~~

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314