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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

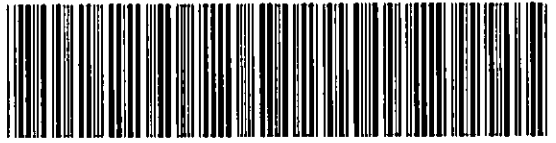
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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R. WHITE

JAN 06 2020

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 998 SW 144 Court RD LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L 130000 60311

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:

David Schroeder  
Name of Person

998 SW 144 Court RD LLC  
Name of Firm/Company

1100 SE 5<sup>TH</sup> Ct Suite 87  
Address

Pompano Beach FL 33060  
City/State and Zip Code

dschroe154@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Schroeder at ( 954 ) 632-4854  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

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

Simon Dav

Name of Registered Agent

, hereby resigns as

Registered Agent for

998 SW 144 Court RD LLC

Name of Limited Liability Company

L13000060311

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.

X Simon Dav

Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
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

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