

L14000044805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

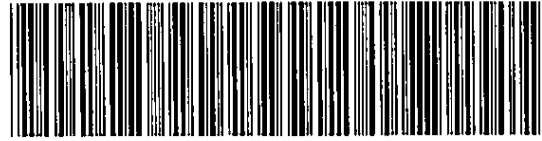
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1476 S DIXIE HWY PROPERTY LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: L1400044805

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:

MYHANH LOUDEN
Name of Person

1476 S DIXIE HWY PROPERTY, LLC.
Name of Firm/Company

500 S Federal Hwy #1641
Address

Hallandale, FL 33008
City/State and Zip Code

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

For further information concerning this matter, please call:

Myhanh Louden at (954) 554 0821
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

MYHANH LOUDEN, hereby resigns as
Name of Registered Agent

Registered Agent for 1476 S DIXIE HWY PROPERTY, LLC.
Name of Limited Liability Company

L 14000044805
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:

MYHANH LOUDEN
Typed or Printed Name
Registered Agent
Capacity

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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withdrawn limited liability company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