

LO3000010335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

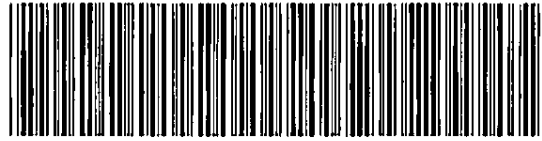
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

1951 Brandywine, LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 1.03000010335 \_\_\_\_\_

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:

Timothy Patykula

\_\_\_\_\_  
Name of Person

Lighthouse Law Firm, P.A.

\_\_\_\_\_  
Name of Firm/Company

601 Heritage Drive, Suite 455

\_\_\_\_\_  
Address

Jupiter, FL 33458

\_\_\_\_\_  
City/State and Zip Code

leasinglv@gmail.com (Email for 1951 Brandywine, LLC)

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy Patykula (tim@lighthouselawfirm.com)

561

530-2880

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,  
Lighthouse Law Firm, P.A.

\_\_\_\_\_, hereby resigns as

Name of Registered Agent

1951 Brandywine, LLC

Registered Agent for \_\_\_\_\_

\_\_\_\_\_  
Name of Limited Liability Company

103000010335

\_\_\_\_\_  
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:

Timothy Patykula

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

President

\_\_\_\_\_  
Capacity

**FILING FEES:**

\$ 85.00 Active limited liability company

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withdrawn limited liability company

DEPARTMENT OF STATE  
TALLAHASSEE, FL

2023 DEC 13 AM 10:33

FILED

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