

204 000035771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

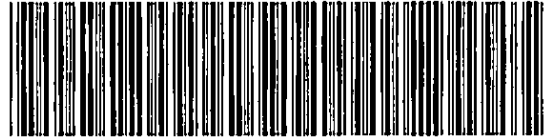
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF DISTRICT COURT
STATE FL

C. BRUMBLEY

FEB 16 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ERLOUSO, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L04000035771

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:

LEONCIO E DE LA PEÑA D.
Name of Person

DE LA PEÑA GROUP, P.A.
Name of Firm/Company

PO Box 311093
Address

Miami, FL 33231
City/State and Zip Code

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

For further information concerning this matter, please call:

Leoncio E. de la Peña at (786) 301-4208
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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.

DE LA PEÑA GROUP, P.A. _____, hereby resigns as

Name of Registered Agent

Registered Agent for ERLOUSO, LLC _____

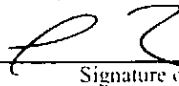
Name of Limited Liability Company

L04000035771 _____

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:

LEONCIO E. DE LA PEÑA D. _____

Typed or Printed Name

CEO _____

Capacity

FILED
2022 FEB - 7 AM 9: 02
STATE

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