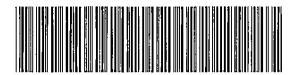
## L11000058799

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



700340252327

O SIMMONS FEB 0 5 2020

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 2/4/2020	**WALK IN				
ENTITY NAME FALANGA ENTERPRISES, LLC					
DOCUMENT NUMBE	ER				
	**PLEASE FILE THE ATTACHED AND RETURN**				
xxxxxxx	Plain Copy				
	Certified Copy				
	Certificate of Status				
	**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**				
	Certified Copy of Arts & Amendments				
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)				
	Certificate of Status Reflecting:				
	**APOSTILLE' / NOTARIAL CERTIFICATION**				
COUNTRY OF DESTINA	ATION				
NUMBER OF CERTIFIC	CATES REQUESTED				
TOTAL OWED \$ 85	ACCOUNT # 120160000072 4: 1				

## **COVER LETTER**

SUBJECT: FALANGA ENTERPRISES, LLC  Name of Lim	ited Liability	Ompany
DOCUMENT NUMBER: L11000058799		
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this	s matter to the	e following:
Steven Friedman		
Name of Person		
Platinum Filings LLC		
Name of Firm/Company		
3023 Ave J		
Address		
Brooklyn NY 11210		
City/State and Zip Code		
E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter,	please call:	
Aaron Sauber at	718 ()	7059886
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

**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 provisi	ions of section 605.0115. Florida Statutes, the ur	ndersigned.	
Platinum Agent Services, LLC		_ , hereby resigns as	2020 FEB -1 SECRETALISE
	Name of Registered Agent	( nereby (doign) dis	ALI ALI
Registered Agent for	FALANGA ENTERPRISES, LLC		8 1
-			7.0 B
	Name of Limited Liability Company		9: 52 STATI
L11000058799			F
Document l	Number, if known		
The agency is termina	ted and the office discontinued on the 31st day a  Steven Friedma		is statement is filed.
	Signature of Resigning Age	ent	
If signing on behalf of	an entity:		
	Steven Friedman		
	Typed or Printed Name		
	President		
	Capacity	<u> </u>	

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

• • • • •