

L12 000 152 679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

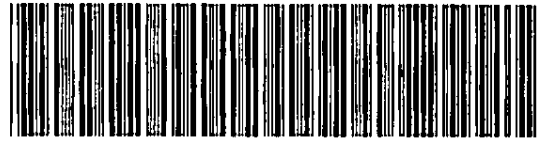
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500396635835

11/02/22--01009--025 **95.00

FILED
2022 NOV -2 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FL

1/30/2023

7

COVER LETTER

TO: Registration Section
Division of Corporations -

SUBJECT: TAMARA C LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000152679

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:

PATRICIO GONZALEZ
Name of Person

COCON LLC
Name of Firm/Company

175 SW 7TH STREET # 1603
Address

MIAMI, FL 33130
City/State and Zip Code

PATRICIO@TUNUYAN.US
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIO GONZALEZ at (561) 906-3413
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

COCON LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for TAMARA C LLC

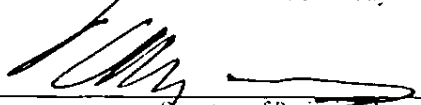
Name of Limited Liability Company

L12000152679

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:

PATRICIO GONZALEZ

Typed or Printed Name

MANAGER

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

SECRETARY OF STATE
TALLAHASSEE, FL

2022 NOV - 2 PM 1:30

FILED