## 117000057748

(Requestor	s Name)
(Address)	
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(City/State/2	Zip/Phone #)
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D. SCOTT SEP 2 1 2017

## **COVER LETTER**

SUBJECT: FREIRE IMPORT INTERNAT			
	Limited Liability	Company	
DOCUMENT NUMBER: L17000057748			
The enclosed Resignation of Registered Age for filing.	nt for a Limited	Liability Company and fee are submitted	
Please return all correspondence concerning	this matter to th	ne following:	
Carlos E Mariaca			
Name of Person	-		
Center Group Corp			
Name of Firm/Company	· · · · · · · · · · · · · · · · · · ·		
3901 NW 79th Avenue, Suite 113			
Address			
Doral, FL 33166			
City/State and Zip Code			
E-mail address: (to be used for future annual rep	oort notification)		
For further information concerning this matter	er, please call:		
Carlos E Mariaca	305	468-7970	
Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the Flor liability company or \$25,00 for an administra- liability company.	rida Departmen atively dissolve	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREI	ET ADDRESS:	
Registration Section	_	ation Section	
Division of Corporations	Division of Corporations		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

**TO:** Registration Section Division of Corporations

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	is of section 605.011.	5, Florida Statutes, the unde	ersigned,	
Center Group Corp.			, hereby resigns as	
	Name of Registered Age		<u> </u>	
Registered Agent for FF	REIRE IMPORT I	NTERNATIONAL LLC		
	Name of Lim	nited Liability Company	,	
L17000057748				
Document Nu	mber, if known	<del></del>		
A copy of this resignatio	on was mailed to the a	above listed limited liability	company at its last known address.	
The agency is terminated	d and the office disco	ontinued on the 31st day after	er the date on which this statement is f	iled.
	he	Signature of Resigning Agent		
If signing on behalf of ar	n entity:			
	Center Group C	orp	<u>ಪ</u> ್ರ	
	Т	Typed or Printed Name		
	Director			जा <u>त</u> सन्दर्भ
		Capacity	20 PI	THE D
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liabi	company yed/ voluntarily dissolved/ 33	

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