

L21000411554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

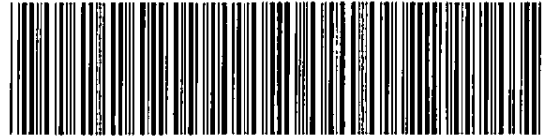
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2025 JUN -2 PM 4:01
CLERK OF DISTRICT COURT
STATE OF FLORIDA
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FRAMAISA LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L21000411554

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:

Susana E. Vega

Name of Person

Vega & Company, CPAs PA

Name of Firm/Company

222 Almeria Avenue

Address

Coral Gables, FL 33134

City/State and Zip Code

susy@sevegacpas.com

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

For further information concerning this matter, please call:

Susana E. Vega

Name of Person

at (305) 400-9550
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

VEGA & COMPANY, CPAS, PA _____, hereby resigns as

Name of Registered Agent

Registered Agent for FRAMAISA LLC _____

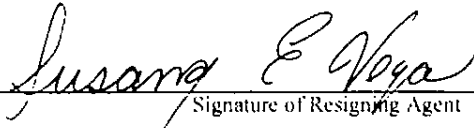
Name of Limited Liability Company

L21000411554 _____

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:

SUSANA E. VEGA _____

Typed or Printed Name

PRESIDENT _____

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

FILED
2025 JUN -2 PM 4:01
TALLAHASSEE, FL
STATE