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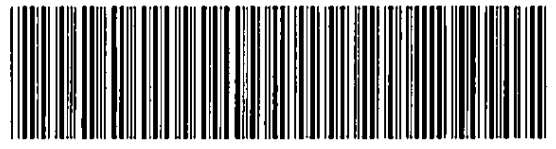
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2024 FEB 27 PM 3:39

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Solutionaries LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: \_\_\_\_\_

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:

HANNSEN J. LEON  
Name of Person

Solutionaries LLC  
Name of Firm/Company

4263 Hibiscus Bloom Dr.  
Address

Orlando, FL 32822  
City/State and Zip Code

info@solutionaries.work  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HANNSEN J. LEON at ( 702 ) 201-9987  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Andres F. Ramos hereby resigns as  
Name of Registered Agent

Registered Agent for Solutionaries LLC  
Name of Limited Liability Company

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.

Andres Ramos  
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name  
Capacity

2024 FEB 27 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FL

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**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

HANNIE J. LEON  
6561-320-81-305-0

JOSE R. PEREZ  
6625-486-82-311-0

ANDRES F. RAMOS  
R520-006-88-043-0

INHS17 (2/14)

