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#### **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Lahana Enterprises Ltd.  (Name of Corporation)
	•
DOCU	JMENT NUMBER: Q97000000012
The en	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Juliana	Leite, Esq.
	(Name of Person)
Juliana	Leite P.A.
	(Name of Firm/Company)
1200 B	Prickell Ave. Ste 310
	(Address)
Miami	-FL, 33131
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Juliana	Leite 305 929-8543
	(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

#### Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of secti	ons 607.0503(2), 617.0502(2), 607.1509, or 617.15	309,
Florida Statutes, the undersigned,	Julana Leite P.A.	
, , , , , , , , , , , , , , , , , , , ,	(Name of Registered Agent)	<del></del>
hereby resigns as Registered Ager	LAHANA ENTERPRISES LTD.	
nereby resigns as Registered Ager	(Name of Corporation)	<del></del>
Q97000000012		
(Document Number, if known)	<del></del>	
A copy of this resignation was ma	iled to the above listed corporation at its last know	n address.
The agency is terminated and the other this statement is filed.	office discontinued on the 31st day after the date or	
If signing on behalf of an entity:	(Signature of Resigning Agent)	2023 JUN 22 Seri
JULIANA LEITE I	<sup>9</sup> .A.	P 33
	(Typed or Printed Name)	3:52
ATTORNEY		
	(Capacity)	

### Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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