L14000092297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DR. DE ARMAS RESEARCH CENTER, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000092297

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:

REBECA GONZALEZ
Name of Person

DR. DE ARMAS RESEARCH CENTER, LLC
Name of Firm/Company

11373 WEST FLAGLER ST., SUITE 212
Address

MIAMI, FLORIDA 33174
City/State and Zip Code

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

For further information concerning this matter, please call:

REBECA GONZALEZ at (305) 479-8135
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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

REBECA GONZALEZ , hereby resigns as

Name of Registered Agent

Registered Agent for DR. DE ARMAS RESEARCH CENTER, LLC ,

Name of Limited Liability Company

L 14000092297

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.

X _____

Signature of Resigning Agent

If signing on behalf of an entity:

_____

Typed or Printed Name

_____

Capacity

14 JUL -8 PM 2:01

FILING FEES:

$ 85.00 Active limited liability company

$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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Tallahassee, FL 32314

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