



# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** I.F. Multicultural Interactive Solutions, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L00000006442

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are for filing.

Please return all correspondence concerning this matter to the following:

Erick Trelles

Name of Person

Marko & Magolnick, P.A.

Name of Firm/Company

3001 SW 3 Avenue

Address

Miami, FL 33129

City/State and Zip Code

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

For further information concerning this matter, please call:

Ligia Munguia

Name of Person

at ( 305 ) 285-2000

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn liability company.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

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

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

M&M RA Services, LLC, hereby resigns as  
Name of Registered Agent

Registered Agent for I.F. Multicultural Interactive Solutions, LLC  
Name of Limited Liability Company

L00000006442  
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:

David Everett Marko  
Typed or Printed Name  
Manager  
Capacity

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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withdrawn limited liability company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