

LD200022741

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000368047 3)))



H210003680473ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : DOUGLAS JOVANOVIC
Account Number : 120000000093
Phone : (954) 545-9499
Fax Number : (954) 545-9498

2021 OCT -1 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 OCT -1 AM 8:47

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: cabinetsibony.avocat@gmail.com
gilbert.sibony@gmail.com alpha.juris@gmail.com

LLC REGISTERED AGENT RESIGNATION
MYKONOS INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

OCT -4 2021

S. PRATHEP

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mykonos Investment LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L02000022741

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:

Rejean Lapierre

Name of Person

Name of Firm/Company

5100 NW 33rd Ave., suite 247.

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

rejean@flaphil.com

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

For further information concerning this matter, please call:

Rejean Lapierre

954

328-0411

Name of Person

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

~~LA F O R G E~~
~~Rejean Lempereur~~, hereby resigns as

Name of Registered Agent

Registered Agent for Mykonos Investment LLC

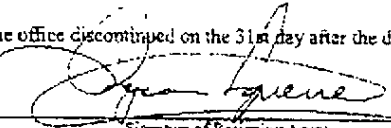
Name of Limited Liability Company

L02000022741

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:

Typed or Printed Name

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

INHS17 (2/14)

FILED
2021 OCT - 1 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA