

L04000093036

(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

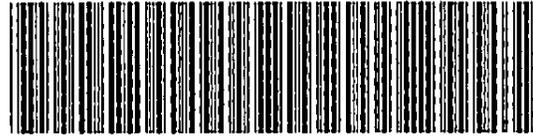
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TALLAHASSEE, FL

RA Resignation

JUN 08 2021

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DELA MADRIZ NIETO AND PARTNERS L.L.C.
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JONATHAN BRUCE SHARON
(Contact Person)

DELA MADRIZ NIETO AND PARTNERS L.L.C.
(Firm/Company)

11430 SW 115 LANE
(Address)

MIAMI, FL 33176
(City/State and Zip Code)

For further information concerning this matter, please call:

JONATHAN SHARON at (786) 510-4087
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

- \$25 Filing Fee \$55 Filing Fee & Certified Copy

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

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TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2021

JONATHAN BRYCE SHARON
DELAMADRIZ NIETO AND PARTNERS L.L.C.
11430 SW 115 LANE
MIAMI, FL 33176

SUBJECT: DELAMADRIZ NIETO AND PARTNERS L.L.C.
Ref. Number: L04000093036

We have received your document for DELAMADRIZ NIETO AND PARTNERS L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 321A00007619

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Jonathan Bryce Sharon _____, hereby resigns as

Name of Registered Agent

Registered Agent for Delamadriz Nieto and Partners L.L.C.

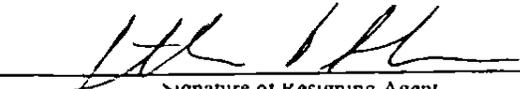
Name of Limited Liability Company

L04000093036

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

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TALLAHASSEE, FL

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