L050000 10354

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SECALANASSEE, FLORIDA

TRANSMITTAL LETTER

SUBJECT: Citrus Holding Group LLC. (Name of Limited Liability Company)
(Name of Limited Liability Company)
DOCUMENT NUMBER: 405000 10354
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:
Nafalia Walf (Name of Person)
Citrus Holding Group LLC (Name of Firm/Company) Por S
3137 NE 163rd Street. (Address)
N. Miami Beach FL 33/60. (City/State and Zip Code)
For further information concerning this matter, please call:
Nation Walf. at (305) 940-2727 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations

TO:

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 608.416(2	2) or 608.509, Florid	a Statutes, the un	dersigned,			
\mathcal{I}_{ri}	na Zits	'er	, hereby re	signs as			
	(Name of Registered Agen	nt)		_			
Registered Agent for	Citrus	Holding	Group	LLC.			
	(Name of Lim	nited Liability Company)		. ""		•	
•	 						
L O S O O C (Document Numb	oer, if known)						
A copy of this resignation	n was mailed to the al	bove listed limited lia	ability company a	it its last knov	wn addres	is.	
The agency is terminated	l and the office discor	ntinued on the 31st da	ay after the date o	n which this	statemen	t is file	ed.
	luna frit	ture of Resigning Agent))				
If signing on behalf of ar	n entity:						
				- A.			
	(T	yped or Printed Name)			SE	05	
		(Capacity)		· ·	AHU	JUL 29	
					188 Auv	29	(,
	FILING) \$ 85.00	FEES: Active limited liab	ility company		OF STATE	AM 11: 05	
	\$ 25.00	Active limited liab Administratively d withdrawn limited	issolved/ volunta I liability compar	arily dissolve ny	ď/ ₹		

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