

LD6000006950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

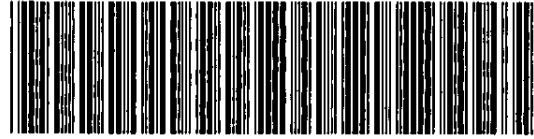
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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C.L.  
1-13-15

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Shimarana LLC.

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L06000006950

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:

Ernesto Sanchez, Esq.

\_\_\_\_\_  
Name of Person

Ernesto Sanchez, P.A.

\_\_\_\_\_  
Name of Firm/Company

1313 Ponce de Leon Blvd., Suite 301

\_\_\_\_\_  
Address

Coral Gables, FL 33134

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Ernesto Sanchez, Esq.

at ( 305 ) 441-2040

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code Daytime Telephone Number

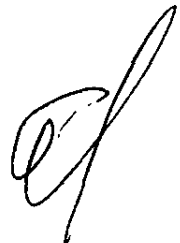
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**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



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

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

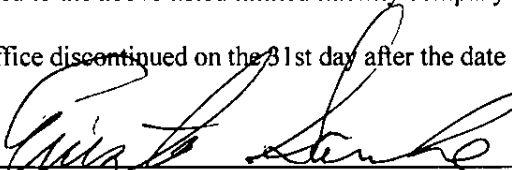
Ernesto Sanchez, P.A., hereby resigns as  
Name of Registered Agent

Registered Agent for Shimarana LLC.  
Name of Limited Liability Company

L06000006950  
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:

Ernesto Sanchez, Esq.  
Typed or Printed Name  
President  
Capacity

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JAN -9 PM 4: 02

**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