

LD6000006950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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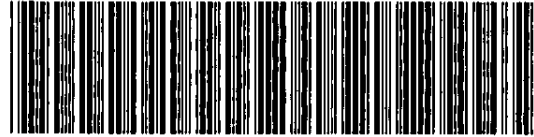
(Business Entity Name)

(Document Number)

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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.

Name of Person

at (

305

)
Area Code

441-2040

Daytime Telephone Number

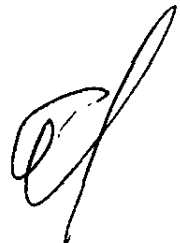
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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.**

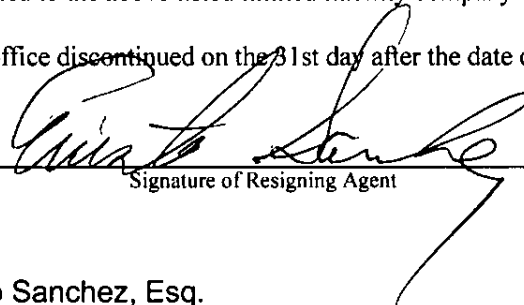
Name of Limited Liability Company

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

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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