

L07000005871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

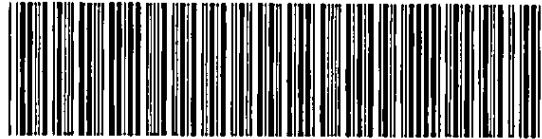
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL

C. GOLDEN

JAN - 9 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATYANI INVESTMENTS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L 07000005871

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: *(only regarding this resignation)*
Olga Busto Velasco
Name of Person

Name of Firm/Company

1420 Sopera Ave
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: *(only regarding this resignation)*
Olga Busto Velasco at (305) 661-5615
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Olga Busto Velasco, hereby resigns as
Name of Registered Agent

Registered Agent for Natyani Investments, LLC
Name of Limited Liability Company

LO7000005871
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.

Olga Busto Velasco
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

2018 DEC 26 PM 5:54

FILED

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