

207000127896

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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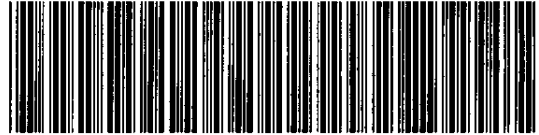
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/03/09--01035--019 **25.00

06/28/10--01049--004 **60.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUN 28 AM 10:38

FILED

R.A. Resign
C.COULLETTE

JUL 01 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2009

WILLIAM MONTOYA
MY BLESSING ENTERPRISES, LLC
13230 SW 132 AVE, SUITE #30
MIAMI, FL 33186

SUBJECT: MY BLESSING ENTERPRISES, L.L.C.
Ref. Number: L07000127896

We have received your document for MY BLESSING ENTERPRISES, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$60.00.

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 409A00037151

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: My Blessing Enterprise LLC
Name of Limited Liability Company

DOCUMENT NUMBER: LO7000127896

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:

Carlos A Arango
Name of Person

My Blessing Enterprise
Name of Firm/Company

1230 SW 132 AVE. Suit #30
Address

Miami FL 33186
City/State and Zip Code

William J Montoya @ Yahoo.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William at (305) 975 2322
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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Carlos A. Arango, hereby resigns as
Name of Registered Agent

Registered Agent for My Blessing Enterprises, L.L.C.
Name of Limited Liability Company

LO7 000127 896
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]
Signature of Resigning Agent

If signing on behalf of an entity:

Carlos A. Arango
Typed or Printed Name
MR.
Capacity

FILED
10 JUN 28 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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