W9000113559

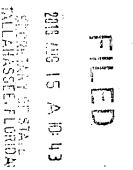
(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
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COVER LETTER

SHIP HE CITE MIAMI MAMA LLC				
SUBJECT: Nar	ne of Limited Liability	y Company		
DOCUMENT NUMBER: L0900011	3559			
The enclosed Resignation of Registered for filing.	d Agent for a Limited	d Liability Compa	ny and fee are subn	uitted
Please return all correspondence conce	rning this matter to t	he following:		
IRINA ANTONOVA				
Name of Person		-		
MIAMI MAMA LLC				
Name of Firm/Compa	ny	_	man i -	
1250 E HALLANDALE BEACH BLV	/D #1009		2016 / SLLA	rimg
Address				
HALLANDALE FL 33009			<u> </u>	
City/State and Zip Co	de	_	F. A	Ö
MIAMIMAMA.M@GMAIL.COM				
E-mail address: (to be used for future ann	nual report notification)	_	,,	•
For further information concerning this	matter, please call:			
MARYNA GOLDBERG	561 at (400-1224		
Name of Person	Area Code	Daytime Telepho	one Number	
Enclosed is a check made payable to the liability company or \$25.00 for an admitability company.	e Florida Departmer inistratively dissolve	nt of State for \$85 ed, voluntarily dis	.00 for an active lim solved or withdrawi	nited a limited
MAILING ADDRESS:	STRE	ET ADDRESS:		
Registration Section		Registration Section		
Division of Corporations		on of Corporation	S	
P.O. Box 6327		n Building	n. 1	
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0113	5, Florida Statutes, the und	lersigned,		
SOBOLEVA ANASTASIIA		, hereby resigns as		
Name of Registered Ager	nt	, norody roughs as		
Registered Agent for MIAMI MAMA LLC				
Name of Lim	ited Liability Company	<u> </u>		
L09000113559				
Document Number, if known				
A copy of this resignation was mailed to the a The agency is terminated and the office disco			filed.	
	Signature of Resigning Agent			
If signing on behalf of an entity:	Typed or Printed Name Capacity	ANS TALLAHAS	- The state of the	
FILING \$ 85.00 \$ 25.00	Active limited liability	ved/voluntarily dissolved/		

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