

LD9000113559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100288907791

08/16/16--01008--010 \*\*85.00

2016 AUG 15 A 10:43  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

FILED

AUG 16 2016  
BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MIAMI MAMA LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000113559

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:

IRINA ANTONOVA

Name of Person

MIAMI MAMA LLC

Name of Firm/Company

1250 E HALLANDALE BEACH BLVD #1009

Address

HALLANDALE FL 33009

City/State and Zip Code

MIAMIMAMA.M@GMAIL.COM

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

For further information concerning this matter, please call:

MARYNA GOLDBERG

at (561) 400-1224

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED  
2016 AUG 15 A 10:43  
TALLAHASSEE, FLORIDA  
STATE DEPT OF STATE

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

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

**SOBOLEVA ANASTASIIA**

, hereby resigns as

Name of Registered Agent

Registered Agent for **MIAMI MAMA LLC**

Name of Limited Liability Company

**L09000113559**

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:

*Maria Soboleva*

Typed or Printed Name

*bookkeeper*

Capacity

## **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 AUG 15 A 10:43

FILED

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