

L10 0000 42463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

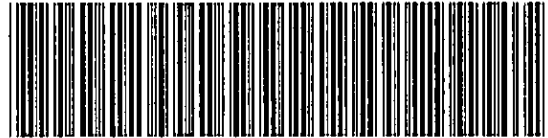
(Business Entity Name)

(Document Number)

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Resignation of  
RA

02/01/22--01025--007 \*\*45.00

2022 FEB 14 AM 11:25  
CLERK OF SUPERIOR COURT  
JANESVILLE, WI

2022 FEB - 1 AM 11:25

FILED

A. RAMSEY

FEB 14 2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GONZALEZ M. INVESTMENTS, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000042463

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:

ZUNAY RABELO, EA

Name of Person

JRA PROFESSIONAL SERVICES

Name of Firm/Company

1800 W 68 ST STE 112

Address

HIALEAH, FL 33014

City/State and Zip Code

ZRABELO@JRAPROFESSIONAL.COM

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

For further information concerning this matter, please call:

ZUNAY RABELO, EA

Name of Person

at ( 305 )

Area Code

456-5945

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

JRA PROFESSIONAL SERVICES

, hereby resigns as

Name of Registered Agent

Registered Agent for GONZALEZ M. INVESTMENTS, LLC

Name of Limited Liability Company

L10000042463

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:

ZUNAY RABELO

Typed or Printed Name

MANAGER

Capacity

## **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

FILED  
2022 FEB -1 AM 11:25  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS