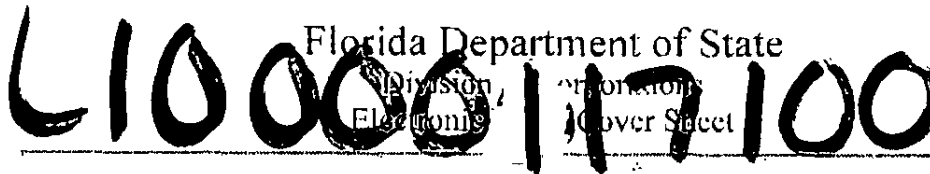


3/3/2018

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000070701 3)))



H180000707013ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.
Account Number : 120020000100
Phone : (305)944-9755
Fax Number : (888)401-1914

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2018 MAR -5 AM 9:47
 FILED
 SECRETARY OF STATE
 TREASURER OF STATE

**LLC REGISTERED AGENT RESIGNATION
SARGAS MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED
 MAR 05 2018

Electronic Filing Menu

Corporate Filing Menu

Help
 MAR 06 2018
 J. HARRIS

((H18000070701 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SARGAS MANAGEMENT, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L10000117100

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:

DANIEL CIFUENTES

Name of Person

SILVAS FINANCIAL SERVICES LLC

Name of Firm/Company

5220 S UNIVERSITY DRIVE SUITE C-102

Address

DAVIE, FL 33328

City/State and Zip Code

ACCOUNTING2@SILVASBOX.COM

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

For further information concerning this matter, please call:

DANIEL CIFUENTES

Name of Person

at (305) 9449755
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

((H18000070701 3)))

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

SILVA'S FINANCIAL SERVICES, LLC.

Name of Registered Agent

, hereby resigns as

Registered Agent for SARGAS MANAGEMENT, LLC

Name of Limited Liability Company

L10000117100

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:

MARIO F SILVA

Typed or Printed Name

MANAGER

Capacity

FILED
2018 MAR -5 AM 8:47
TALLAHASSEE, FL

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