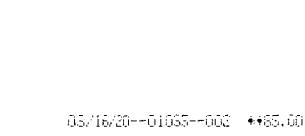
L110000 40104

(Red	questor's Name)				
(Add	dress)				
(Äddress)					
(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





700342100657

O SIMMONS MAR 3 0 2020

COVER LETTER

SUBJECT: MISOL INVESTMENTS, LLC Name of	Limited Liability	/ Company
DOCUMENT NUMBER: 111000040104		
The enclosed Resignation of Registered Age for filing.	ent for a Limite	d Liability Company and fee are submitted
Please return all correspondence concerning	this matter to t	he following:
Mary Lou Rodon, Esq.		
Name of Person	<u></u>	-
Rodon Law, PLLC		
Name of Firm/Company		_
201 Alhambra Circle, Suite 504		
Address		_
Coral Gables, Florida 33134		
City/State and Zip Code	<u>.</u>	-
mrodon@sralaw.com		
E-mail address: (to be used for future annual re	port notification)	_
For further information concerning this matt	ter, please call:	
Mary Lou Rodon	305 at (445-8881
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

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 provis	sions of section 605.0	0115, Florida Statute	s, the undersigned,	
Mary Lou Rodon			, hereb	y resigns as
· · · · · · · · · · · · · · · · · · ·	Name of Registered	Agent		
Registered Agent for	MISOL INVESTME	NTS, LLC		
	Name of	Limited Liability Comp	oany	· · · · · · · · · · · · · · · · · · ·
L11000040104				
Document	Number, if known			
A copy of this resigna	ation was mailed to t	the above listed limit	ed liability compar	y at its last known address.
The agency is termina	ated and the office di	iscontinued on the 3	Ist day after the da	te on which this statement is file
		Signature of Rest	ming-Agent	
If signing on behalf o	f an entity:			
	<u> </u>	AMY LOU P Typed or Printed Nam	018A)	
		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