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SECRETARY OF STATE
VALLAHASSEE, FINGE

J. SAULSBERRY EXAMINER

SEP 0 7 2011

COVER LETTER

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Amendment Section

P.O. Box 6327

TO: Amendment Section Division of Corporations				
SUBJECT: Dir	nero Libre, LLC	_		
DOCUMENT NUMBER:	<u> </u>	•		
The enclosed Resignation of Registered Ag for filing.	ent for a Limited Liability Company and fee a	re subm	iitted	
Please return all correspondence concerning	g this matter to the following:			
Vladislav Dimitrov Name of Person				
Dinero Libre, LLC		ZS	20	
Name of Firm/Company				
Ave. Malacon v. Calla M4. Ed. Vaville	4 Day 500	CRETARY OF STATE LAHASSEE, FLORID	2011 SEP -6	
Ave. Malecon y Calle M1 Ed. Xoxili Address	i, Dep 509	SSI	9-	1
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City/State and Zip Code		SE	<u>.</u>	-13-4 - 1
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N/A		_		
E-mail address: (to be used for future annual re	eport notification)			
For further information concerning this mat	tter, please call:			
Vladislav Dimitrov	_ at (593)52621597 Area Code & Daytime Telephone Number	_		
Name of Person	Area Code & Daytime Telephone Number			
Enclosed is a check made payable to the Flo liability company or \$25.00 for an administ limited liability company.	orida Department of State for \$85.00 for an act ratively dissolved, voluntarily dissolved or wit	tive lim thdrawn	ited I	

STREET ADDRESS:

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Amendment Section

Clifton Building

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	f section 608.416	(2) or 608.509, Florida	Statutes, the undersigne	ed,	
D	JC Group, LL0		, hereby resigns as	i	
Nan	ne of Registered Age	nt	, , , , , , , , , , , , , , , , , , , ,		
Registered Agent for		Dinero Libre	e, LLC		
	Name of Lim	ited Liability Company			
L1100004	3975				
Document Number	, if known				
A copy of this resignation w	as mailed to the a	bove listed limited liabi	ility company at its last	known address.	
The agency is terminated and	35	Signature of Resigning Ag		this statement is filed.	•
If signing on behalf of an ent	aty:			76 29	
		Dimitri Todika		2011 SEP -6 SECRETARY ALLAHASSEI	-
	T	ped or Printed Name		#E EP	17
	· · · · · · · · · · · · · · · · · · ·	Owner		-6 AR∖ SSE	-
		Capacity		AM 10: 42 OF STATE EE, FLORIDA	
	FILING	FEES:			
	\$ 85.00 \$ 25.00	Active limited liabilit Administratively diss withdrawn limited lia	ty company solved/voluntarily dissa ability company	olved/	

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