

L11000057134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

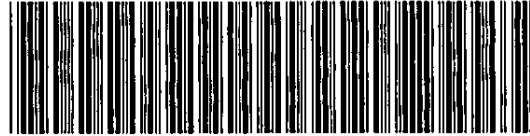
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500279519745

12/01/15--01:13--012 **50.00

FILED
15 DEC -1 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 02 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAJADAS DE PIRQUE LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L11000057134

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:

DANY ROSQUETE

Name of Person

Name of Firm/Company

1622 NW 28 STREET

Address

MIAMI, FL 33142

City/State and Zip Code

DROSQUETE@IFS-MIAMI.COM

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

For further information concerning this matter, please call:

DANY ROSQUETE

305

5799115

at ()

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
15 DEC -1 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
BIG TIM PROPERTIES INC

, hereby resigns as

Name of Registered Agent

MAJADAS DE PIRQUE LLC

Registered Agent for

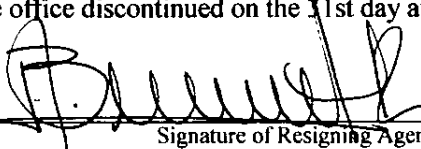
Name of Limited Liability Company

L11000057134

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 1st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

DANY ROSQUETE

Typed or Printed Name

MANAGER

Capacity

FILED
15 DEC - 1 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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