

L11 000129 382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

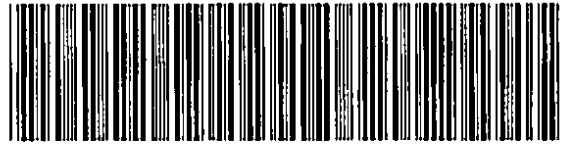
(Business Entity Name)

(Document Number)

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C. GOLDEN

MAR 21 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOSMA FLORIDA LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L11000129382

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:

FEDERICO MAUTONE, ESQ.

Name of Person

R & S INTERNATIONAL LAW GROUP

Name of Firm/Company

1000 BRICKELL AVENUE, SUITE 400

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

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

For further information concerning this matter, please call:

LIDIA BLANCO

Name of Person

at (

305

)
Area Code

349-1500

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

CORPORATE MAINTENANCE SERVICES, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for LOSMA FLORIDA LLC

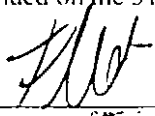
Name of Limited Liability Company

L11000129382

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:

FEDERICO MAUTONE

Typed or Printed Name

MANAGER

Capacity

2017 JUN 20 PM 9:16

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