112000003191

Office Use Only



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05/11/18--01013--004 **85.00

SECRETARY OF STATE

MAY 15 2019 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LEMYALE INVESTMENTS LLC Name of Limited	
Name of Limited	Liability Company
DOCUMENT NUMBER: L12000003191	
The enclosed Resignation of Registered Agent for a for filing.	a Limited Liability Company and fee are submitted
Please return all correspondence concerning this ma	atter to the following:
BETTINA LAROCCA	
Name of Person	······································
LEMYALE INVESTMENTS LLC	
Name of Firm/Company	
2080 OCEAN DR #1004	
Address	
HALLANDALE BEACH, FL 33009	
City/State and Zip Code	
laroccaale e hotmail. com E-mail address: (to be used for future annual report noti	
E-mail address: (to be used for future annual report noti	fication)
For further information concerning this matter, plea	se call:
Alexandro Larocca at (A	107 . 730 . 2951 rea Code Daytime Telephone Number
	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS: Registration Section Division of Corporations	STREET ADDRESS: Registration Section Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115	5, Florida Statutes, the und	lersigned,			
PATCH AND CLEAN MANAGEMENT CORP			, hereby resigns as			
	Name of Registered Agen		_			
Registered Agent for L	EMYALE INVEST	MENT LLC				_
						_,
	Name of Limi	ted Liability Company				
L12000003191						
Document Nu	nmber, if known					
A copy of this resignation	on was mailed to the al	bove listed limited liability	y company at its last ki	nown ac	ldress.	
The agency is terminate	d and the office discor	ntinued on the 31st day aft	ter the date on which th	nis state	ment i	s filed.
		Signature of Resigning Agent				
Te-landa and the later ex		Signature of Resigning Agent		20	題	
If signing on behalf of a	•		_	ナジ	2011. 2011.	erre
	PAULA MARIA E	BLANCHET OLIVERO)	₩		estatura.
	•	ped or Printed Name		SSE	_	Citines.
	MANAGER			m _e	~0	parani
		Capacity				Withches II.
				#013.g	(a)	Arment de
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolution withdrawn limited liabi	ved/voluntarily dissol	ved/		

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