42000059302

. (Re	questor's Name)		
. (Ad	ldress)		
(Address)			
(Cit	ty/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



400287432724

07/07/16--01017--015 **85.00

SECRETARY OF STATE ALLAHASSEE. FLORIDA

٠ ;٠

JUL 0 8 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: RECREIO INVESTMENTS L	LC Limited Liability	Company	.
DOCUMENT NUMBER: L1200005930		Company	_
The enclosed Resignation of Registered Age for filing.	ent for a Limited	Liability Company and fee a	re submitted
Please return all correspondence concerning	this matter to th	e following:	
ERICK MAGNO			
Name of Person			
MAGNO & ASSOCIATES, LP			
Name of Firm/Company			= n
1401 BRICKELL AVENUE SUITE 500			16 FG
Address	······································		ECHETARSEE, FLORIUM
MIAMI, FLORIDA 33131			SEE
City/State and Zip Code			PH 3
marcie@magnolaw.com			PH 3: 07
E-mail address: (to be used for future annual rep	port notification)		
For further information concerning this matt	er, please call:		
Marcie Gregorio	305	379 4400	
Name of Person	Area Code	Daytime Telephone Number	-
Enclosed is a check made payable to the Flo liability company or \$25.00 for an administr liability company.	rida Department atively dissolved	t of State for \$85.00 for an act d, voluntarily dissolved or wit	tive limited thdrawn limited
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations P.O. Box 6327	Division of Corporations 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 provisions of section 605.0115, Florida Stat	tutes, the undersigned,
MAGNO & ASSOCIATES, LP	, hereby resigns as
Name of Registered Agent	. Hotoey toolgis as
Registered Agent for RECREIO INVESTMENTS LL	C
Name of Limited Liability Co	ompany ,
L12000059302	
Document Number, if known	
A copy of this resignation was mailed to the above listed lin	mited liability company at its last known address.
The agency is terminated and the office discontinued on the Signature of R	esigning Agent 5
If signing on behalf of an entity:	JUL CAREAT
ERICK MAGNO	- 1 SSS
Typed or Printed ?	
Capacity	3: 07

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00