L12000060632

. (Re	equestor's Name)	
(Ac	ldress)	
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(Ĉi	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies Certificates of Status		s of Status
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JUL 22 2021

C Kinsey

COVER LETTER

Division of Corporations
SUBJECT: CARIOCA 79 LLC Name of Limited Liability Company
DOCUMENT NUMBER: L 1200066622
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:
SHYAM SHANKA-R Name of Person
Name of Firm/Company
1040 BISCAYNE BLUD # 1403 Address
MIANI FL 33132 City/State and Zip Code
Shyam 7 shankar egmail. (on E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SHYAM SHANAR at (646) 259 - 1796 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED I IARII ITY COMPANY FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the l	limited liability company as it appears on the records of the Florida Department
of State is:	CARIOCA 79 LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
<u> </u>	00060622
3. The date this mer	nber/manager withdrew/resigned or will withdraw/resign is: $\frac{6/21/2}{}$
4. I. MARTA	CARARO , hereby withdraw/resign as a one of Person Resigning)
TITLE M	Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ling.
	QWV
Signature of Dis	sociating Member or Resigning Manager
	S25.00 (Required)
Certified Copy:	\$30.00 (Optional)