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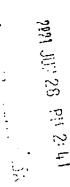
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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IF 21 314-01031-014 ** 15.11



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CARIOCA 79 LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
SHYAM SHANKAR (Contact Person)
(Firm/Company)
1040 BISCAYNE BLUD #1403 (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
SHYAM SHANKAR at (646) 259 - 1796 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115	5. Florida Statutes, th	e undersigned,		
LUCIA	VA CAR	RARO	, hereby resig	uns as	
1	Same of Registered Agen	ıt		•	
Registered Agent for	CARI	9 F A 20	LLC		
	Name of Limi	ited Liability Company			 ;
L120001	060627	<u></u>			
Document Nun	ber, if known				
A copy of this resignation	was mailed to the al	bove listed limited lia	ability company at it	s last known	address.
The agency is terminated	and the office discon	ntinued on the 31st da	ay after the date on w	vhich this sta	tement is filed.
-	<u> </u>	Signature of Resigning	Agent		
If signing on behalf of an	entity:				
-	Ту	ped or Printed Name			21
	•	•			R21
-		Capacity			2021 JUN 28
	FILING I	FEES:		• 1	Pi: 2: 4
	\$ 85.00 \$ 25.00	Active limited hab Administratively d withdrawn limited	ility company issolved/ voluntarily Hability company	/ dissolved/	- -

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