

L12 000083547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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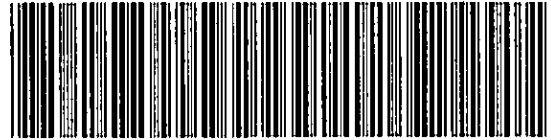
(Business Entity Name)

(Document Number)

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*Resignation of  
RA*

02/01/22--01025--0002 \*\*85.00

2022 FEB -1 AM 11:39  
DEPT OF STATE  
CORPORATION

FILED

A. RAMSEY

FEB 14 2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OSARA FLORIDA, LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000083547

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:

ZUNAY RABELO, EA

\_\_\_\_\_  
Name of Person

JRA PROFESSIONAL SERVICES

\_\_\_\_\_  
Name of Firm/Company

1800 W 68 ST STE 112

\_\_\_\_\_  
Address

HIALEAH, FL 33014

\_\_\_\_\_  
City/State and Zip Code

ZRABELO@JRAPROFESSIONAL.COM

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

For further information concerning this matter, please call:

ZUNAY RABELO, EA

\_\_\_\_\_  
Name of Person

305

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

456-5945

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

JRA PROFESSIONAL SERVICES

, hereby resigns as

Name of Registered Agent

Registered Agent for OSARA FLORIDA, LLC

Name of Limited Liability Company

L12000083547

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:

ZUNAY RABELO

Typed or Printed Name

MANAGER

Capacity

## 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