

L17 000052059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

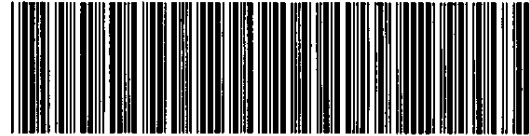
(Business Entity Name)

(Document Number)

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03/20/14--01029--010 \*\*85.00

FILED  
MAR 20 2014  
TALLAHASSEE, FLORIDA

J. Shivers MAR 21 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOUTHWESTERN INTERNATIONAL GROUP PROPERTIES LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000052059

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:

JESUS A RAMIREZ

Name of Person

SOUTHWESTERN INTERNATIONAL GROUP PROP

Name of Firm/Company

6625 MIAMI LAKES DRIVE STE 226

Address

MIAMI LAKES, FL 33014

City/State and Zip Code

jesusramirez@sigs.com.co

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

For further information concerning this matter, please call:

JESUS A RAMIREZ

Name of Person

at ( 786 ) 448-5891

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**TODITA CONSULTING SERVICES INC**

, hereby resigns as

Name of Registered Agent

Registered Agent for **SOUTHWESTERN INTERNATIONAL GROUP PROPERTIES, LLC**

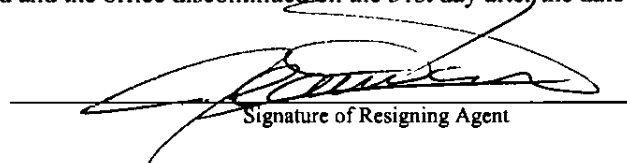
Name of Limited Liability Company

**L13000052059**

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:

**JEANNETTE TAMAYO**

Typed or Printed Name

**President**

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**