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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ALONSO & GARCIA, P.A.
Account Number : I2002000031
Phone : (305)448-3898
Fax Number : (305)443-9073

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: beatriz@alonso-garcia.com

2022 JUL -8 11:45

FILED
2022 JUL -8 PM 12:04
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LLC REGISTERED AGENT RESIGNATION
MINORCA 704 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

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T. LEMIEUX
JUL 11 2022

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned, ALONSO & GARCIA P.A. _____, hereby resigns as
Name of Registered Agent

Registered Agent for MINORCA 704 LLC _____
Name of Limited Liability Company

L13000053957 _____
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:
DOMINGO ALONSO _____
Typed or Printed Name
P/D _____
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withdrawn limited liability company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

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TALLAHASSEE, FLORIDA