

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withdrawn limited liability company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

FILED
2022 JUL -8 PM 12:04
DIVISION OF STATE CORPORATIONS
TALLAHASSEE, FLORIDA