

L13000078632

**Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ARISTA LAW & TAX
Account Number : I20040000182
Phone : (305)444-7662
Fax Number : (305)444-7275

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

Email Address: boles005@gmail.com

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 2018 MAY -2 PM 2:38
 TALLAHASSEE, FLORIDA
 DEPARTMENT OF STATE

**LLC REGISTERED AGENT DESIGNATION
BOLES COMPLIANCE SOLUTIONS, LLC**

| | |
|-----------------------|----------------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$85.00 |

R FIGUEROA
MAY 03 2018

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DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

(((H18000137116 3)))

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Arista Law & Tax

, hereby resigns as

Name of Registered Agent

Registered Agent for BOLES COMPLIANCE SOLUTIONS, LLC

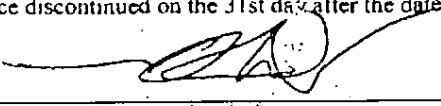
Name of Limited Liability Company

L13000078632

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:

Eduardo R. Arista

Typed or Printed Name

President

Capacity

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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withdrawn limited liability company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 32311

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