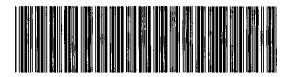
113000081308

| (Re | questor's Name) | | | |
|---|-----------------|-------------|--|--|
| (Address) | | | | |
| (Ad | dress) | | | |
| (City/State/Zip/Phone #) | | | | |
| <u></u> | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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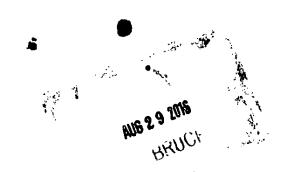
Office Use Only



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SECRETARY OF STAIR



COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|---|--|--|---------------------------|--------------|
| SUBJ | ECT: Nana Chimical Line | hill Common to | | |
| | Name of Limited Lia | ibility Company | | |
| DOC | UMENT NUMBER: L13000081308 | | | |
| The enfor file | nclosed Resignation of Registered Agent for a Lining. | mited Liability Company and fee ar | e submitte | d |
| Please | return all correspondence concerning this matter | r to the following: | | |
| Paulo | DE BASTOS | | | |
| | Name of Person | | | |
| PAU | L REAL ESTATE INC | | | |
| | Name of Firm/Company | | | |
| 8551 | W SUNRISE BLVD #100 | | | |
| | Address | | | |
| PLA | NTATION, FL 33323 | | | |
| | City/State and Zip Code | TAL BE | 2018 | |
| | siness72@yahoo.com | CARE HA | 200 | 1 |
| E | -mail address: (to be used for future annual report notificat | tion) | 26 | |
| For fu | orther information concerning this matter, please | call: | > | |
| Paul | DE BASTOS at (954 | 8653163 | ڣ | ن ـــ |
| *************************************** | Name of Person Area | Code Daytime Telephone Number | 55 | |
| liabili | sed is a check made payable to the Florida Depar ty company or \$25.00 for an administratively dis ty company. | rtment of State for \$85.00 for an act solved, voluntarily dissolved or with | ive limited hdrawn lin | l nited |

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigne | d, | | |
|---|---------------------------------------|--|--|
| PAUL REAL ESTATE INC / PAULO DE BASTOS , hereby resigns as | | | |
| Name of Registered Agent | oy resigns as | | |
| Registered Agent for MAIQUETIA LLC | | | |
| Name of Limited Liability Company | ,, | | |
| L13000081308 | | | |
| Document Number, if known | | | |
| A copy of this resignation was mailed to the above listed limited liability compa | any at its last known address. | | |
| The agency is terminated and the office discontinued on the 31st day after the d | ate on which this statement is filed. | | |
| If signing on behalf of an entity: | 2018 AUG | | |
| PAULO DE BASTOS | 26 SSE | | |
| Typed or Printed Name PRESIDENT Capacity | A 9 55 | | |

\$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