

L13080100905

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(Business Entity Name)

(Document Number)

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FEB 12 2019

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19 FEB -1 PM 4:16
R/A-Resign

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELBARDI SAWGRASS PARTNERS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000100905

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:

MARIO CONTRERAS
Name of Person

ELBARDI INTERNATIONAL MANAGEMENT, LLC
Name of Firm/Company

10305 NW 41ST ST SUITE 201
Address

DORAL, FL 33178
City/State and Zip Code

MCONTRERAS@ELBARDI.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIO CONTRERAS at (305) 798-9737
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

ELIZARDI INTERNATIONAL MANAGEMENT, LLC, hereby resigns as
Name of Registered Agent

Registered Agent for ELIZARDI SAWGRASS PARTNERS, LLC

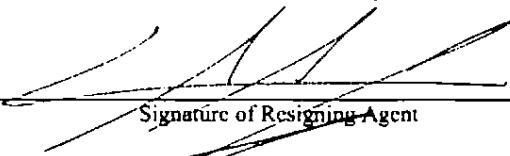
Name of Limited Liability Company

L13000100905

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:

MAZIO CONTRERAS

Typed or Printed Name
MANAGING PARTNER

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
19 FEB - 1 PM 4:46
TALLAHASSEE, FL