

L13000128055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

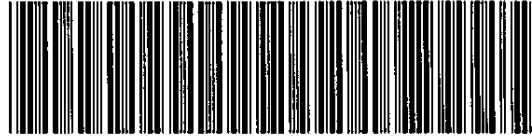
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

06 JUN 20 AM 11:00

06/20/16--01043--002 **25.00

S. YOUNG

JUN 21 2016

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2016 JUN 20 PM 4:49

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LERAFIFA, L.L.C.
Name of Limited Liability Company

DOCUMENT NUMBER: L13000128055

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:

EVGENIY GARBOVSKIY
Name of Person

Name of Firm/Company

17070 COLLINS AVE STE 260
Address

SUNNY ISLES BEACH, FL 33160
City/State and Zip Code

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

For further information concerning this matter, please call:

EVGENIY GARBOVSKIY at (305) 764-9657
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

16 JUN 20 AM 11:00
FLORIDA
SECRETARY OF STATE
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,

EVGENIY GARBOVSKIY

Name of Registered Agent

Registered Agent for **LERAFIFA, L.L.C.**

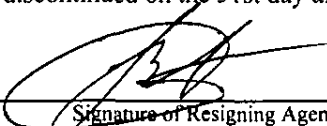
Name of Limited Liability Company

L13000128055

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

16 JUN 2013 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If signing on behalf of an entity:

EVGENIY GARBOVSKIY

Typed or Printed Name
MGR

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**