

L13 000 163393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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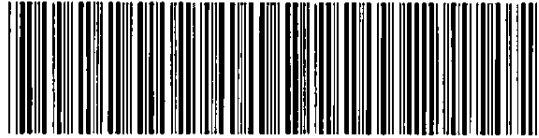
(Business Entity Name)

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ALABAMA E.F.L.

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XIMENES REAL ESTATE INVESTMENTS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000163393

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:

TARCISIO XIMENES AGUIAR JUNIOR
Name of Person

XIMENES REAL ESTATE INVESTMENTS LLC
Name of Firm/Company

7419 SPARKLING CT
Address

REUNION, FL 34747
City/State and Zip Code

tarcisioximenesjr@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TARCISIO XIMENES AGUIAR JUNIOR at (407) 233 7727
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2024 MAY -2 AM 8:22
TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

LARSON ACCOUNTING AND CONSULTING SERVICES LLC
_____, hereby resigns as
Name of Registered Agent

Registered Agent for XIMENES REAL ESTATE INVESTMENTS LLC

Name of Limited Liability Company

L13000163393

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:

CAROLINE G LARSON

Typed or Printed Name
CEO

Capacity

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2024 MAY -2 AM 8:22
TALLAHASSEE, FL

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