

# L13000167097

To: Page 2 of 4

2018-05-14 21:13:16 (GMT)

1-888-401-1914 From: Silvas Financial Services, LLC

5/14/2018

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H180001501143)))



H180001501143ABCV

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : SILVAS FINANCIAL SERVICES, L.L.C.  
Account Number : 120020000100  
Phone : (305)944-9755  
Fax Number : (888)401-1914

L13-167097

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

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT RESIGNATION  
COMPRASNET, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COMPRASNET, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000167097

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:

DAMIAN BIONDI

Name of Person

SILVAS FINANCIAL SERVICES LLC

Name of Firm/Company

5220 S UNIVERSITY DR, STE C-102

Address

DAVIE, FL 33328

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAMIAN BIONDI

Name of Person

at ( )

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

((H18000150114 3)))

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

SILVAS FINANCIAL SERVICES LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for COMPRASNET, LLC

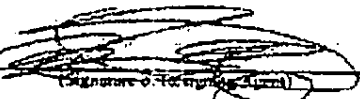
Name of Limited Liability Company

L13000167097

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 Registered Agent)

If signing on behalf of an entity:

DAMIAN BIONDI

Typed or Printed Name

PRESIDENT

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