

14000004780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

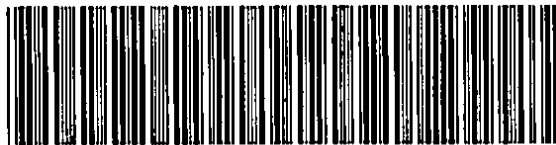
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

n BRUCE  
AUG 07 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Golden Beach 6 LLC  
\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000004780  
\_\_\_\_\_

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:

Gustavo Bogomolni  
\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

427 Golden Beach Drive  
\_\_\_\_\_  
Address

Golden Beach, FL 33160  
\_\_\_\_\_  
City/State and Zip Code

gbogomolni@mg3developer.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gustavo Bogomolni at (954) 929-5229  
\_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

MG3 Fund, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for Golden Beach 6 LLC

Name of Limited Liability Company

L14000004780

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:

Marcelo Saiegh and Hernan Leonoff

Typed or Printed Name

Managers

Capacity

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TALLAHASSEE, FLORIDA

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## 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