

L14000011163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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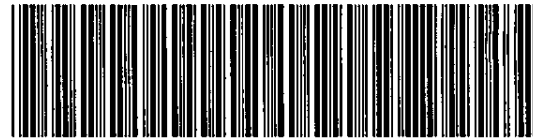
(Business Entity Name)

(Document Number)

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T. CARTER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 NOV 17 PM 3:48

LLC RA Resign

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 23 BISCAYNE INVESTMENTS LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000011163

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:

Mariagracia Essewanger

Name of Person

Name of Firm/Company

601 NE 23 St, TH 3

Address

Miami, Fl. 33137

City/State and Zip Code

mariagracia05@hotmail.com

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

For further information concerning this matter, please call:

Mariagracia Essewanger

at (786)

4198933

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2014

MARIAGRACIA ESSEWANGER
601 NE 23 ST, TH 3
MIAMI, FL 33137 US

SUBJECT: 23 BISCAYNE INVESTMENTS LLC
Ref. Number: L14000011163

We have received your document for 23 BISCAYNE INVESTMENTS LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 214A00023463

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

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

alvaro campins

Name of Registered Agent

Registered Agent for

23 BISCAYNE INVESTMENTS LLC

Name of Limited Liability Company

L14000011163

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.

Alvaro Campins

Signature of Resigning Agent

If signing on behalf of an entity:

ALVARO CAMPINS

Typed or Printed Name

REGISTERED AGENT

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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 NOV 17 PM 3:48