

L14000020070

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(City/State/Zip/Phone #)

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(Business Entity Name)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NARElectronics Solutions, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000020070

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:

Daylen Arman  
Name of Person

NARElectronics Solutions, LLC  
Name of Firm/Company

8730 NW 36th Ave.  
Address

Miami, FL 33147  
City/State and Zip Code

pantoja220883@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daylen Arman at ( 305 ) 510-5583  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

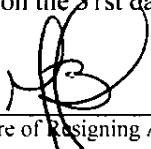
Maikel Basulto, hereby resigns as  
Name of Registered Agent

Registered Agent for NAR Electronics Solutions, LLC  
Name of Limited Liability Company

L14000020070  
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 31<sup>st</sup> day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Maikel Basulto  
Typed or Printed Name

\_\_\_\_\_  
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**