

L 14 0000 71929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

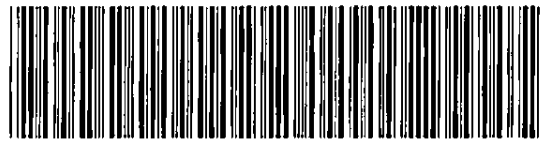
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TO: Registration Section
Division of Corporations

SUBJECT: MCH CARDINALI LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000071929

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:

MARTINE GUMEZ

Name of Person

MIAMI FOREVER REAL ESTATE LLC

Name of Firm/Company

2598 E SUNRISE BOULEVARD SUITE 2104

Address

FORT LAUDERDALE FL 33304

City/State and Zip Code

carolcardinali@gmail.com : maricardinali@gmail.com

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

For further information concerning this matter, please call:

MARTINE GUMEZ

Name of Person

at (954) 756-0119

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

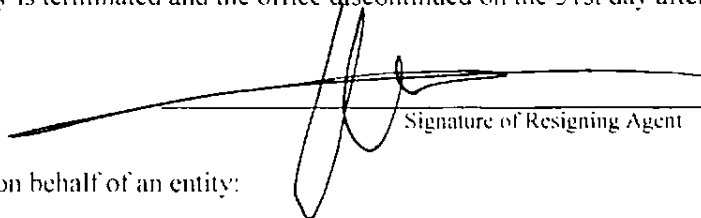
Martine GUIMEZ _____, hereby resigns as
Name of Registered Agent

Registered Agent for MCH CARDINAL LLC _____
Name of Limited Liability Company

L14000071929 _____
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:

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

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L14000071929

Entity Name: MCH CARDINALI LLC

Current Principal Place of Business:

C/O MIAMI FOREVER
2598 E SUNRISE BOULEVARD SUITE 2084
FORT LAUDERDALE, FL 33304

Current Mailing Address:

C/O MIAMI FOREVER
2598 E SUNRISE BOULEVARD SUITE 2084
FORT LAUDERDALE, FL 33304 US

FEI Number: 61-1736610

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUIMEZ, MARTINE
C/O MIAMI FOREVER
2598 E SUNRISE BOULEVARD SUITE 2084
FORT LAUDERDALE, FL 33304 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARTINE GUIMEZ

03/09/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name DE VASCONCELLOS, MARIANA C
Address RUA LOPES QUINTAS, 355
City-State-Zip: RIO DE JANEIRO RJ 22460-010

Title MGRM
Name DE VASCONCELLOS, CAROLINA C
Address RUA ZACARIAS DE GOIS, 715 APR
143A
City-State-Zip: SAO PAULO SP 04610-001

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DE VASCONCELLOS, CAROLINA C

MANAGER

03/09/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date