

L14000145490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

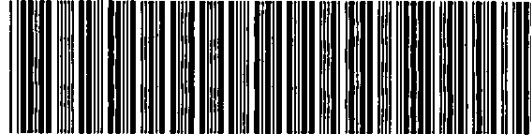
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LLC
RA Resign.

12/12/14

DC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INFINITY REAL ESTATE VENTURES LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

FRANCISCO SERANI
(Contact Person)

INFINITY REAL ESTATE VENTURES, LLC
(Firm/Company)

9132 SW 78 LN.
(Address)

MIAMI, FL 33156
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANCISCO SERANI at (786) 547-4441
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INFINITY REAL ESTATE VENTURES LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000145490

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:

FRANCISCO SERANI

Name of Person

INFINITY REAL ESTATE VENTURES

Name of Firm/Company

9132 SW 78 LN

Address

MIAMI FL 33156

City/State and Zip Code

FSERANI@GMAIL.COM

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

For further information concerning this matter, please call:

FRANCISCO SERANI

Name of Person

at (786) 547.4441

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

VIZCINO ASSET MANAGEMENT INC, hereby resigns as
Name of Registered Agent

Registered Agent for INFINITY REAL ESTATE VENTURES LLC
Name of Limited Liability Company

214000145490
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]
Signature of Resigning Agent

If signing on behalf of an entity:

JOAN F. ARINGUIZ
Typed or Printed Name
MANAGER
Capacity

FILED
14 DEC - 1 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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