

Division of Corporations

Page 1 of 2

L15000001950

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : E & F LATIN GROUP LLC
Account Number : 120160000049
Phone : (954) 384-8565
Fax Number : (954) 385-5175

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT RESIGNATION
PIRACICABA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

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TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PIRACICABA LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L15000001950

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:

DIEGO FIGUEROA

Name of Person

E & F LATIN GROUP LLC

Name of Firm/Company

1820 N CORPORATE LAKES BLVD STE 109

Address

WESTON, FL 33326

City/State and Zip Code

DIEGO@EFLATINACCOUNTING.COM

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

For further information concerning this matter, please call:

DIEGO FIGUEROA

Name of Person

at (**954**) **384-8565**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

E & F LATIN GROUP LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for **PIRACICABA LLC**

Name of Limited Liability Company

L15000001950

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:

DIEGO FIGUEROA
Typed or Printed Name
MSA
Capacity

FILED
17 MAR -8 PM 4:18
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