

Division of Corporations

Page 1 of 2

L15000024006

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (650) 617-6383

From:

Account Name : RASCO KLOCK PEREZ & NIETO, P.L.
Account Number : 104976000124
Phone : (305) 476-7100
Fax Number : (305) 476-7102

****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 MY FLOWER EMPREENDIMENTOS E PARTICIPACOES, LLC

Certificate of Status	0
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February 26, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations
MY FLOWER EMPREENDIMENTOS E PARTICIPACOES, LLC

C/O ALFONSO J. PEREZ, ESQ.
2555 PONCE DE LEON BLVD., STE 600
CORAL GABLES, FL 33134

SUBJECT: MY FLOWER EMPREENDIMENTOS E PARTICIPACOES, LLC
REF: L15000024006

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The company you are resigning as registered agent is not listed as registered agent on this company.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H16000048982
Letter Number: 316A00004025

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

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

ALFONSO J. PEREZ, hereby resigns as
Name of Registered Agent

Registered Agent for **MY FLOWER EMPREENDIMENTOS E PARTICIPACOES, LLC**


Name of Limited Liability Company

L15000024006

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:

ALFONSO J PEREZ

Typed or Printed Name

Capacity

FILED
16 FEB 26 AM 11:39
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