

L15000 061 212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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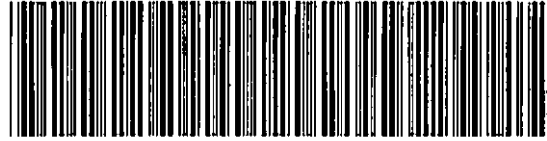
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 OCT 21 PM 2:34

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JC CONSULT INVERSIONES LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000061212

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:

Carlos Bravo

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

PO BOX 144236

\_\_\_\_\_  
Address

Coral Gables FL 33114

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Carlos Bravo

\_\_\_\_\_  
Name of Person

at ( 305 ) 905-3621

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

CASA 101 LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for JC CONSULT INVERSIONES LLC

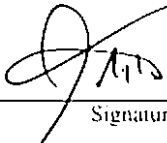
Name of Limited Liability Company

L15000061212

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:

Carlos Bravo

Typed or Printed Name

Manager

Capacity

FILED  
2019 OCT 21 PM 2:34  
TALLAHASSEE, FLORIDA  
CLERK OF STATE

## 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