L1500069227

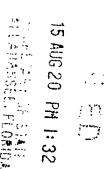
(Re	equestor's Name)		
(Ad	dress)		
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(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to Filing Officer:			
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Office Use Only



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AUG 2 1 2015

Y SULKER

COVER LETTER

SUBJECT: Miami View Group LLC. Name of Limited Liability Company		
Name of Limited Liability Company		
DOCUMENT NUMBER: 2150000 69222.		
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:		
Magaly Rodriguez		
Miami View Group LLC Name of Firm/Company		
7924 East Drive get 301 Address		
North Bay Village 33141 City/State and Zip Code		
magalgrod 64 a yahoo. com. E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Magaly Rodriguez at 305 244-9352. Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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



July 24, 2015

MAGALY RODRIGUEZ 7924 EAST DRIVE SUITE 301 NORTH BAY VILLAGE, FL 33141

SUBJECT: MIAMI VIEW GROUP LLC

Ref. Number: L15000069222

We have received your document for MIAMI VIEW GROUP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Letter Number: 815A00015582

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 60	5.0115, Florida Statutes, the undersigned,	
LoRena	Ose//a, hereby res	igns as
Name of Register	ed Agent	-6
Registered Agent for <u><i>Mra.</i></u>	Osella, hereby res	7 - :
Name	of Limited Liability Company	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1150000690	222	
Document Number, if known		
	to the above listed limited liability company at	, ,
The agency is terminated and the office	e discontinued on the 31st day after the date of	n which this statement is Hed.
		₽
	Signatury of Resigning Agent	#U6 20 #1 (4.5 #11 4.55E
If signing on behalf of an entity:		
	/ 	
	Typed or Printed Name	1 -
	Consolter	
	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