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(((H17000065992 3)))



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To:

Division of Corporations

Fax Number : (050)617-6383

From:

Account Name : E & F LATIN GROUP LLC

Account Number : 720160000049 ; (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. **

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LLC REGISTERED AGENT RESIGNATION INVERSIONES VOLTAIRE LLC

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COVER LETTER

TO;	Registration Section Division of Corporations			
SUBJ	ECT: INVERSIONES VOLTAIRE L	LC		_
DOC	UMENT NUMBER: L15000077362		ty Company	
	nclosed Resignation of Registered Age		ed Liability Company and fee	are submitted
Please	return all correspondence concerning	this matter to	the following:	
DIEG	O FIGUEROA			
	Name of Person			
E & F	LATIN GROUP LLC		•	
	Name of Firm/Company		_	
1820	N CORPORATE LAKES BLVD SL	JITE 109		
-	Address	<u> </u>		
WES	TON, FL 33326			
	City/State and Zip Code		,	
DIEG	O@EFLATINACCOUNTING.COM			
E	mail address: (to be used for future annual re-	ort notification)		
For fu	rther information concerning this matt	er, please call:		
DIEG	O FIGUEROA	954	3848565	
	Name of Person	Area Cod	3848565 Daytime Telephone Number	
Enclos liabilit liabilit	sed is a check made payable to the Flor y company or \$25.00 for an administra y company.	rida Departme atively dissolv	nt of State for \$85.00 for an a ed, voluntarily dissolved or w	ctive limited ithdrawn limited
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–	assee, FL 32314		Executive Center Circle	
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850-817-8381

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March 13, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INVERSIONES VOLTAIRE LLC 1820 N CORPORATE LAKES BLVD SUITE 109 WESTON, FL 33326

SUBJECT: INVERSIONES VOLTAIRE LLC

REF: L15000077362

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

The document must be signed by a member or an authorized representative of a member.

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.

Stacey M Warren Regulatory Specialist II FAX Aud. #: E17000065992 Letter Number: 917A00004773

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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 u	indersigned.		
E & F LATIN GROUP LLC		, hereby resigns as		
Name of Regist	tered Agent	, neredy resigns as		
Registered Agent for INVERSION	ES VOLTAIRE LLC			
Nun	ne of Limited Liability Company			
L15000077362				
Document Number, if known				
A copy of this resignation was mailed	to the above listed limited liabi	lity company at its last known address.		
The agency is terminated and the offic	ce discontinued on the 31st day	after the date on which this statement is filed.		
	Signature of Resigning Age	ent		
If signing on behalf of an entity:	ų.			
$\mathcal{T}_{\mathcal{C}}$	600 TIGUETON			
	Typed or Printed Name			
	<u>16A</u>			
v -	Capacity			
	:			

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

INHS17 (2/14)