

L15000194604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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05/18/16--01009--022 **25.00

06/03/16--01024--005 **60.00

FILED
16 JUN - 1 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5252



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2016

DIEGP FIGUEROA
1820 N CORPORATE LAKES BLVD SUITE 109
WESTON, FL 33326

SUBJECT: GODOY GAVIRIA ASOCIADOS LLC
Ref. Number: L15000194604

We have received your document for GODOY GAVIRIA ASOCIADOS LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$60.00.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 416A00010586

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GODOY GAVIRIA ASOCIADOS LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L15000194604

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 Suite 109

Address

Weston Florida 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

) Area Code

384-8565

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

, hereby resigns as

Name of Registered Agent

Registered Agent for GODOY GAVIRIA ASOCIADOS LLC

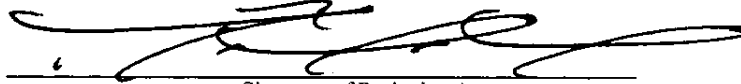
Name of Limited Liability Company

L15000194604

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:

Typed or Printed Name

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

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