## 0026

## Florida Department of State

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Division of Corporations

Fax Number : (850) 617-6383

From:

: LAMONT NEIMAN & INTERIAN, P.A. Account Name

Account Number : I20000000051

: (305)530-9400

Fax Number

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Enter the email accress for this business entity to be used for annual report mailings. Enter only one email address please. Email Address: NOTICEGLNILAWFIRM. COM

## LLC REGISTERED AGENT RESIGNATION MAGHRABI INVESTMENTS, LLC

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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 unc	lersigned,
Lamont Neiman & Interian, P.A.		_ , hereby resigns as
Name of Registered Agent		
Registered Agent for MAGHRABI INVES	TMENTS, LLC	
Name of Limi	led Liability Company	
L15000200261	<u></u>	
Document Number, if known		
A copy of this resignation was mailed to the a	bove listed limited liabil	ity company at its last known address.
The agency is terminated and the office discounting of behalf of an entity:	ntinued on the 3 rst day a	W22 AM
Alberto Interian,	Esc.	ORIU
	Typed or Printed Name	% <b>v</b>
Vice President		<u> </u>
	Capacity	
FILING \$ 85.00 \$ 25.00	The state of liability	solved/ voluntarily dissolved/
Make checks pays	ble to Florida Departmen	nt of State and mail to:

INHS17 (2-14)

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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