

116000023363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

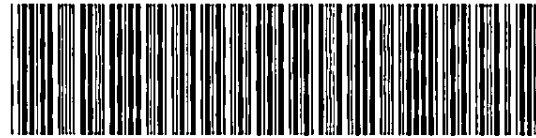
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2018 OCT -1 AM 11:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

D PRUCE
OCT 06 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TWELVE MIAMI LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L16000023363

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:

Alfredo Garcia- Menocal

Name of Person

Alfredo Garcia-Menocal, P.A.

Name of Firm/Company

4937 SW 74 Ct

Address

Miami, FL 33155

City/State and Zip Code

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

For further information concerning this matter, please call:

Melissa

at (

305

553-3464

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2018 OCT -1 AM 11:17
TALLAHASSEE, FL
DEPARTMENT OF STATE

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Alfredo Garcia-Menocal, P.A.

Name of Registered Agent

, hereby resigns as

Registered Agent for TWELVE MIAMI LLC

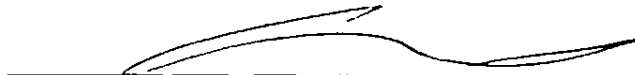
Name of Limited Liability Company

L16000023363

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:

Alfredo Garcia-Menocal

Typed or Printed Name

President

Capacity

FILED
2018 OCT -1 AM 11:37
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

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