

216000089677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

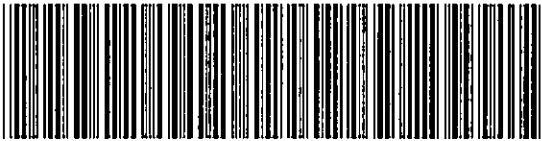
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

Eiffel Investment Group and Associates LLC

SUBJECT: _____
Name of Limited Liability Company
L16000089677

DOCUMENT NUMBER: _____

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:

Oleg Lipovetskiy

Name of Person

Eiffel Investment Group and Associates LLC

Name of Firm/Company

2902 SW Savona Blvd.

Address

Port Saint Lucie, Florida 34953

City/State and Zip Code

corporate@theeiffelgroup.com

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

For further information concerning this matter, please call:

Oleg Lipovetskiy 561 859-8497

Name of Person at (_____) _____
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Danielle Lipovetskiy

_____, hereby resigns as

Name of Registered Agent

Eiffel Investment Group and Associates LLC

Registered Agent for _____

Eiffel Investment Group and Associates LLC

Name of Limited Liability Company

L16000089677

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

FILED
2022 OCT 20 AM 11:42
TALLAHASSEE, FL

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