

L16000 091 637

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARBLAS COMPANY, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000091637

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:

LYSLEI CHIRICO

Name of Person

ELO ENTERPRISES, INC :

Name of Firm/Company

4700 NW BOCA RATON BLVD STE 202

Address

BOCA RATON, FL 33431

City/State and Zip Code

ELOENTERPRISES@HOTMAIL.COM

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

For further information concerning this matter, please call:

LYSLEI CHIRICO

Name of Person

at (

561

Area Code

544-8862

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

ELO ENTERPRISES, INC

, hereby resigns as

Name of Registered Agent

Registered Agent for MARBLAS COMPANY, LLC

Name of Limited Liability Company

L16000091637

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:

LYSLEI CHIRICO

Typed or Printed Name

PRESIDENT

Capacity

FILED
2019 AUG 23 PM 3:04
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withdrawn limited liability company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**