

# LIV0000122147

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

((H23000019730 3)))



H2300001973034BCZ

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.  
Account Number : I20020000100  
Phone : (305)944-9755  
Fax Number : (888)401-1914

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2022 JAN 17 AM 11:27  
RECEIVED  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

51:41:17  
2023 JAN 17

LLC REGISTERED AGENT RESIGNATION  
HALSECA INTERNATIONAL GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

JAN 18 2023

A. LUNT

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HALSECA INTERNATIONAL GROUP, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000122147

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:

FERNANDO SILVA

Name of Person

SILVAS FINANCIAL SERVICES LLC

Name of Firm/Company

5220 S UNIVERSITY DR STE 102

Address

DAVIE FL 33328

City/State and Zip Code

ACCOUNTING2@SILVASBOX.COM

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

For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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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 undersigned,

SILVAS FINANCIAL SERVICES, LLC

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for HALSECA INTERNATIONAL GROUP, LLC

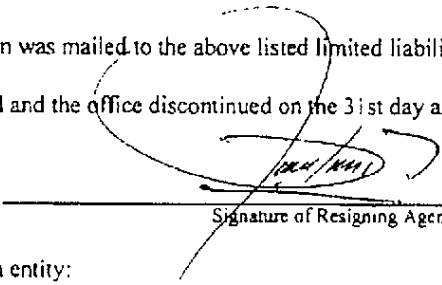
\_\_\_\_\_  
Name of Limited Liability Company

L16000122147

\_\_\_\_\_  
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:

FERNANDO SILVA

\_\_\_\_\_  
Typed or Printed Name

PRESIDENT

\_\_\_\_\_  
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

INHS17 (2/14)

2022 JAN 17 AM 11:27  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA