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

From:
Account Name : SERVICIOS COMUNITARIOS LATINOS INC
Account Number : 120080000080
Phone : (305) 642-1090
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LLC REGISTERED AGENT RESIGNATION

MIA POP'S LLC

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S. YOUNG

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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,

ELIANA AGUILERA

Name of Registered Agent

, hereby resigns as

Registered Agent for MIA POP'S LLC

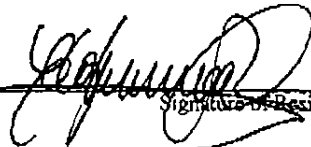
Name of Limited Liability Company

L16000135248

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.

X 

Signature of Resigning Agent

If signing on behalf of an entity:

ELIANA AGUILERA

Typed or Printed Name

SELF

Capacity

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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withdrawn limited liability company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

H16000265828 3