

L16000153612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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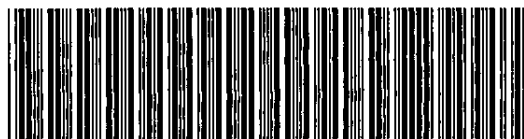
(Business Entity Name)

(Document Number)

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RA Resignation

05/30/17--01028--022 **85.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2017 MAY 30 AM 2:10

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIVENTE GROUP LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L16000153612

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:

GUSTAVO SANIN

Name of Person

Name of Firm/Company

911 EAST PONCE DE LEON BLVD UNIT 501

Address

CORAL GABLES FLORIDA 33134

City/State and Zip Code

GSANIN357@GMAIL.COM

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

For further information concerning this matter, please call:

GUSTAVO SANIN

at (305) 9262026

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

GUSTAVO SANIN

_____, hereby resigns as
Name of Registered Agent

Registered Agent for **VIVENTE GROUP LLC**

Name of Limited Liability Company

L16000153612

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:

GUSTAVO SANIN

Typed or Printed Name

REGISTERED AGENT

Capacity

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2017 MAY 30 AM 2:11

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