116000194948

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COVER LETTER

SUBJECT: Stek LLC.			
SUBJECT: Stck LLC. Name of Limited Liability Company			
DOCUMENT NUMBER: <u>16 000194948</u>			
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:			
Sarah Huertas Name of Person			
Name of Firm/Company			
1831 NW 7 5+ Address			
Miami F1 33125 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Sarah Huertas at (305) 934-6244 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited			

MAILING ADDRESS:

liability company.

Registration Section Division of Corporations

TO:

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	s of section 605.0115	5, Florida Statutes, the unde	ersigned,
Sag	ah Huertan Name of Registered Agen	5	_ , hereby resigns as
,	Name of Registered Agen	11	
Registered Agent for	Stek N	LC	
	Name of Limi	ited Liability Company	,
L 6001 Document Num	14948 hber, if known		
A copy of this resignation	was mailed to the a	above listed limited liability	y company at its last known address.
The agency is terminated	and the office discor	ntinued on the 31st day after	er the date on which this statement is filed
	Say	al Hurtus	
		Signature of Resigning Agent	
If signing on behalf of an	entity:		
	Typed or Printed Name		
-		Capacity	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability c Administratively dissolv withdrawn limited liabil	company ved/ voluntarily dissolved/ lity company
	Make checks payab	ole to Florida Department of Division of Corporations P.O. Box 6327	State and mail to:

Tallahassee, FL 32314