

L16000198080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

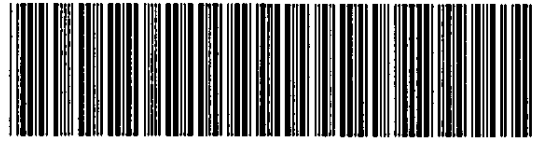
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 DEC -4 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O. SIMMONS
DEC 04 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BISCAYNE TAX SERVICES LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000198080

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:

Alvaro Castillo B., Esq.
Name of Person

Alvaro Castillo B., P.A.
Name of Firm/Company

1390 Brickell Avenue, Suite 200
Address

Miami, FL 33131
City/State and Zip Code

alvaro@alvarocastillopa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alvaro Castillo B. at (305) 371-5540
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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**

FILED
17 DEC -11 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
CARLOS ESTEVES
_____, hereby resigns as
Name of Registered Agent

Registered Agent for **BISCAYNE TAX SERVICES LLC**

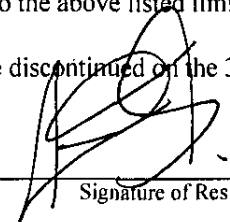
Name of Limited Liability Company

L16000198080

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:

Typed or Printed Name

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**