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To:

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

From:

Account Name : ALONSO & GARCIA, P.A.
Account Number : I20020000031
Phone : (305)448-3898
Fax Number : (305)443-9073

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

Email Address: beatriz@alonso-garcia.com

LLC REGISTERED AGENT RESIGNATION
DI POMPEI BRICKELL LLC

Certificate of Status	0
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JUL 08 2019

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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,

ALONSO & GARCIA, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for

DI POMPEI BRICKELL LLC

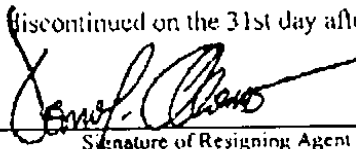
Name of Limited Liability Company

L17000027425

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:

DOMINGO ALONSO

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withdrawn limited liability company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

2019 JUL -5 AM 10:24
AND
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