L170000 43033

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COVER LETTER

A SUBJECT:	gencia Central LLC			
_	(Name of Limited Liability Company)			
The enclosed n	nember, resignation or	dissociation and fee(s) are submitted for filing.	
lease return al	II correspondence conc	erning this matter to:		
Vanessa L Martin	cz			
	(Contact Person)		_	
Agencia Central L	.LC			
	(Firm/Company)		_	
5255 SW 129TH I	PL #2201			
	(Address)		_	
MAMI, FLORID	A 33183			
	(City/State and Zip Code	:)	_	
or further info	mation concerning thi	is matter, please call:		
łarvey Arturo Ro	driguez	786 at (4177835	
(Nam	e of Contact Person)	(Area Code	& Daytime Telephone Number	

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPAN

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability compan	ly as it appears on the records of the	Florida Department		
of State is: Agen	cia Central LLC		·		
2. The Florida doc	ument/registration numb	per assigned to this limited liability o	ompany is:		
L17000043033		·			
3. The date this me	ember/manager withdrew	v/resigned or will withdraw/resign is	November 23, 2019		
4. 1. Vanessa L Martinez (Print Name of Person Resigning)		, hereby withdraw/resign a	, hereby withdraw/resign as a		
(Print)	Name of Person Resigning)	-			
Authorized Mem	ber				
	(Print Title)	 '			
of this limited lia resignation in wi	• •	nn the limited liability company has	been notified of my		
	TIM				
Signature of D	issociating Member or R	Resigning Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				