

L170000 43033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

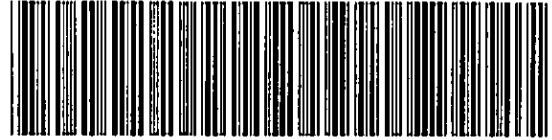
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

C. SIMMONS
JAN 10 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Agencia Central LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L17000043033

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:

Harvey Arturo Rodriguez

Name of Person

Agencia Central LLC

Name of Firm/Company

6255 SW 129 PLACE #2201

Address

Miami, Florida 33183

City/State and Zip Code

hars@acentral.co

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

For further information concerning this matter, please call:

Harvey Arturo Rodriguez

at (786) 4177835

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Vanessa L Martinez, hereby resigns as

Name of Registered Agent

Registered Agent for Agencia Central LLC

Name of Limited Liability Company

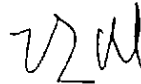
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A copy of this resignation was mailed to the above listed limited liability company at its last known address.

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