

L17000047054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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K. SALY
FEB 7 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Same tag Agency
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jilenny Porras
(Contact Person)
[Signature]
(Liam Company)

8200 NE 27th St Suite 114
(Address)

Miami, FL 33122
(City/State and Zip Code)

For further information concerning this matter, please call:

Jilenny Porras at (305) 9868966
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
18 FEB -5 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Same Tag Agency, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L17000047054

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/31/18

4. I, Dubrasca Goncalves, hereby withdraw/resign as a
(Print Name of Person Resigning)

Member / Manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Dubrasca G.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2018

SAME TAG AGENCY, LLC
JILENNY PORRAS
8200 NW 27TH ST, STE. 114
DORAL, FL 33122

SUBJECT: SAME TAG AGENCY, LLC
Ref. Number: L17000047054

RECEIVED
FEB 05 2018

We have received your document for SAME TAG AGENCY, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is to resign the Registered Agent. The proper document is the resignation of Member/Mgr. Enclosed is a resignation document for your convenience.

To request a refund...

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 318A00001677