

L170000 78734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

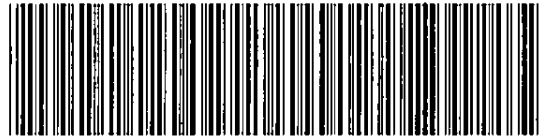
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100452835521

05/17/25--0101--1111--1111

2025 JUN 17 AM 11:17
FBI
TALLAHASSEE, FL

SB 8/8/25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IBMR GROUP, LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: 417000078734

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:

Marian Mozota
Name of Person

Globalia Rent Management LLC
Name of Firm/Company

19400 Turnberry Way # 831
Address

Aventura FL 33150.
City/State and Zip Code

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

For further information concerning this matter, please call:

Marian Mozota at (786) 346-8654.
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2025 JUN 17 AM 11:17

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Globalia Rent Management, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for IBMR Group, LLC

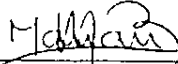
Name of Limited Liability Company

L17000078734

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:

Marian Morota

Typed or Printed Name

Manager

Capacity

2025 JUN 17 AM 11:17
SECRET
FILED

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