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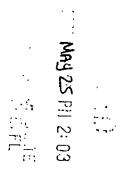
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Office Use Only



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2021 MAY 25 AM 7:58

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 18, 2021

ASHLEY CURBELO 6063 SW 27TH ST MIAMI, FL 33155

SUBJECT: POLARIS ENGINEERING GROUP, LLC

Ref. Number: L17000136781

We have received your document for POLARIS ENGINEERING GROUP, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

Octavia L Simmons Regulatory Specialist II Supervisor Letter Number: 921A00010459

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: Polaris Engineering Group LLC Name of Highited Liability Company DOCUMENT NUMBER: L/1000/36/36/ |
| 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: |
| B-ecitive Cyrbe Lo Name of Person |
| Name of Firm/Company |
| [0800 Bird Rd Ste 194 |
| Miami FC 38/55 City/State and Zip Code |
| City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Beatric Curbillo at (303) 525-0934 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

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, | | | |
|----------------------------|----------------------------------|---|-----------------------|----------------|-----------------|------------|
| Ashlu | Lurbeli | | , hereby resig | ms as | | |
| \sim | ame of Registered Agent | | , | | | |
| Registered Agent for | Blans En | gineering | Group ! | 10 | | _ |
| | Name of Limit | ed Liability Company | | | | _, |
| LID 000 | 5136781 ber, if known | - | | | | |
| A copy of this resignation | was mailed to the ab | ove listed limited lia | bility company at it: | s last known | address | i. |
| The agency is terminated | and the office discont | tinued on the 31st da | y after the date on w | vhich this sta | itement | is filed. |
| _ | ASL | les | | | | |
| | | Signature of Resigning A | igent | | | |
| If signing on behalf of an | entity: | | | | | |
| | | | | | | |
| _ | Тур | ped or Printed Name | | | M De | |
| _ | | Capacity | | | 125 | |
| | FILING F \$ 85.00 \$ 25.00 | <u>'EES:</u> Active limited liabil Administratively di withdrawn limited | ssolved/ voluntarily | dissolved/ | May 25 PH 2: 03 | Zn 'rai |

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314