L17000169700

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				





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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: PEREZ MICRO ENTERPRISES, LLC		
Name of Limited Liability Company		
DOCUMENT NUMBER: L17000169700		
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:		
United States Corporation Agents, Inc.		
Name of Person		
Legalzoom.com, Inc.		
Name of Firm/Company		
101 North Brand Blvd. 11th Floor		
Address		
Glendale, CA 91203	19	15.5 15.5 15.5
City/State and Zip Code	607	李品
raresignations@legalzoom.com	2	
E-mail address: (to be used for future annual report notification)	7.7	
For further information concerning this matter, please call:	8: 92	() () () () () () () () () ()
Kasandra Lund at (1 800) 773-0888 x3951	₽#¢	\$*1*** *
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ons of section 605.0115. Florida Statu	tes, the undersigned,
United States Cor	poration Agents, Inc.	. hereby resigns as
	Name of Registered Agent	
Registered Agent for_	PEREZ MICRO ENTERPRISES, LL	C
	Name of Limited Liability Comp	any
1.17000169700		
Document 8	lumber, if known	
A copy of this resigna	ion was mailed to the above listed lim	ited liability company at its last known address.
The agency is terminate	ed and the office discontinued on the 31s	t day after the date on which this statement is filed.
If signing on behalf of an entity:		* %
Cheyenne Moseley		, 5 % ,
Typed or Printed Name		ne S
	Asst. Secretary for United States Corp	poration Agents, Inc.
	Capacity	二 ラ が 3
	FILING FEES: \$ 85.00 Active limited \$ 25.00 Administrative	liability company ly dissolved/ voluntarily dissolved/

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

withdrawn limited liability company