

2/14/24, 10:24 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000061600 3)))



H240000616003ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : WESTON CORPORATE ADMINISTRATION, LLC
Account Number : I20090000072
Phone : (954)356-2905
Fax Number : (954)337-8346

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT RESIGNATION
ELIGIAN REAL ESTATE INVESTMENTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

2024 FEB 14 AM 10:52

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FL

2024 FEB 14 AM 11:23

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Corporate Filing Menu

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T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELIGIAN REAL ESTATE INVESTMENTS LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L17000206358

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:

ALEJANDRO AVILA

Name of Person

ELIGIAN REAL ESTATE INVESTMENTS LLC

Name of Firm/Company

5080 N OCEAN DR 18D

Address

RIVIERA BEACH FL 33404

City/State and Zip Code

ALE.AVILA@AGAPARTNERSUSA.COM

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

For further information concerning this matter, please call:

ALEJANDRO AVILA

Name of Person

at (305)

Area Code

773-8878

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

WESTON CORPORATE ADMINISTRATION LLC

_____, hereby resigns as
Name of Registered Agent:

Registered Agent for _____

ELIGIAN REAL ESTATE INVESTMENTS LLC

Name of Limited Liability Company

LI7000206358

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:

WESTON CORPORATE ADMINISTRATION LLC

Typed or Printed Name

MEMBER

Capacity

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2024 FEB 14 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FL

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