

2180000 42854

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PALACIOS INTERNATIONAL ENTERPRISE GROUP LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000042854

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:

JOHN P MILLER

Name of Person

JOHN P MILLER CPA PA

Name of Firm/Company

2499 GLADES ROAD SUITE 304

Address

BOCA RATON FL 33431

City/State and Zip Code

john@johnpmillercpa.com

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

For further information concerning this matter, please call:

JOHN P MILLER

Name of Person

at ( 561 ) 368-9777

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

JOHN P. MILLER

, hereby resigns as

Name of Registered Agent

Registered Agent for PALACIOS INTERNATIONAL ENTERPRISE GROUP LLC

Name of Limited Liability Company

L18000042854

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 31<sup>st</sup> day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

## 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withdrawn limited liability company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

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