

LIB 0000 49 712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

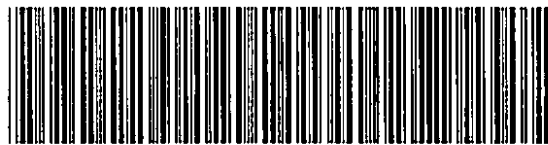
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700312509167

04/30/18--01043--002 **\$5.00

2018 APR 30 PM 5:29
RECEIVED
TALLAHASSEE, FLORIDA
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAXA ASSOCIATES, LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L18000049712

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:

Alberto Rivera

Name of Person
SAXA ASSOCIATES, LLC
Name of Firm/Company
8400 NW 36th St, Suite 450
Address
Doral, FL 33166
City/State and Zip Code
yesenia@riveralawinternational.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yesenia Rivera 786 3662632
Name of Person at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Alberto Rivera

, hereby resigns as

Name of Registered Agent

SAXA ASSOCIATES, LLC

Registered Agent for

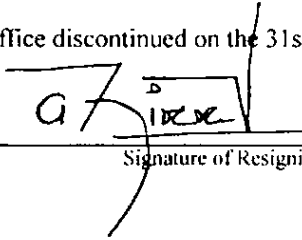
Name of Limited Liability Company

L18000049712

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:

Typed or Printed Name

Capacity

2018 APR 30 PM 5:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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