

L18 000057713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

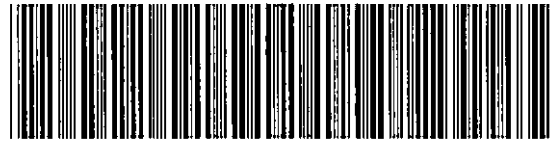
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300346063653

08/15/20--01018--003 \*\*85.00

2020 JUL 15 PM 2:08

HA/KES

AUG 05 2020  
I ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Resignation of Registered Agent  
\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000057713  
\_\_\_\_\_

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:

Michael Cabrera

\_\_\_\_\_  
Name of Person

Reinfeld & Cabrera PA

\_\_\_\_\_  
Name of Firm/Company

10235 West Sample Road, Suite 207

\_\_\_\_\_  
Address

Coral Springs, FL 33065

\_\_\_\_\_  
City/State and Zip Code

mac@lawrct.com

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

For further information concerning this matter, please call:

Michael Cabrera

954

334-1520

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Reinfeld & Cabrera, PA

, hereby resigns as

Name of Registered Agent

Registered Agent for Demaio Consultants, LLC


Name of Limited Liability Company

L18000057713

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:

Michael Cabrera, Esq.

Typed or Printed Name

Director

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

2020 JUN 15 PM 2:08