

LIB000059087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

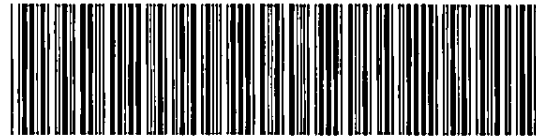
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/18/18--01012--017 **172.50

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2018 OCT 17 PM 11:54

2018 OCT 17 AM 10:56



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fixpresso Miracle LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000059087

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:

Steven Rosenthal

Name of Person

Marx Rosenthal PLLC

Name of Firm/Company

One SE Third Avenue, Suite 2900

Address

Miami, FL 33131

City/State and Zip Code

Steve@marxrosenthal.com

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

For further information concerning this matter, please call:

Steven Rosenthal

at (

786

378-8121

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Marx Rosenthal PLLC

Name of Registered Agent

, hereby resigns as

Registered Agent for Fixpresso Miracle LLC

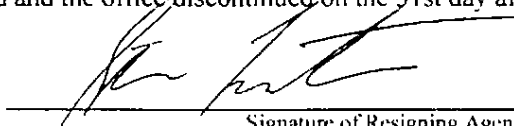
Name of Limited Liability Company

L18000059087

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:

Steven Rosenthal

Typed or Printed Name

Member/Manager

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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