

L18000093098

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : MENENDEZ TAX & ACCOUNTING SERVICES
Account Number : I20220000152
Phone : (305)667-1478
Fax Number : (305)667-8980

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

Email Address: Irene@menendeztaxservices.com

LLC REGISTERED AGENT RESIGNATION 305 ARIA LLC

Certificate of Status	0
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Page Count	01
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 305 ARIA, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000093098

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:

IRENE R. MENENDEZ

Name of Person

MENENDEZ TAX SERVICES, LLC

Name of Firm/Company

4140 SW 70TH COURT

Address

MIAMI, FL 33155

City/State and Zip Code

IRENE@MENENDEZTAXSERVICES.COM

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

For further information concerning this matter, please call:

IRENE R. MENENDEZ

Name of Person

at (305) 667-1478

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

IRENE R. MENENDEZ

, hereby resigns as

Name of Registered Agent

Registered Agent for 305 ARIA, LCC

Name of Limited Liability Company

L18000093098

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:

IRENE R. MENENDEZ

Typed or Printed Name

REGISTERED AGENT

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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