

L 18000095074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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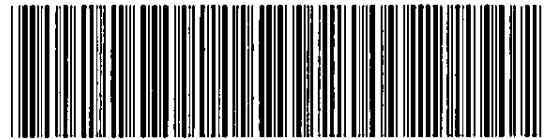
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

Ra Resignation

MAR 19 2024

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Group LV LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000095074

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:

Henny Parra
Name of Person

Name of Firm/Company

5755 NW 109th Ave Apt 19
Address

Doral, FL 33178
City/State and Zip Code

hennyparras@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Henny Parra at (786) 6267646
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Carrizo-Parra & Associates LLC
_____, hereby resigns as
Name of Registered Agent

Registered Agent for Grupo LV LLC

Name of Limited Liability Company

L18000095074

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:

Juan A Carrizo Romero

Typed or Printed Name
General 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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2024 FEB 28 PM 2:10
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TALLAHASSEE, FL