

L18 000105259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

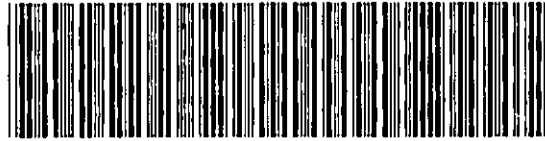
(Business Entity Name)

(Document Number)

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R. WHITE  
JAN 14 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** QUESHUA INVESTMENTS 3 LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000105259

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:

PAULO DE BASTOS

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

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

8551 W SUNRISE BLVD STE 100

\_\_\_\_\_  
Address

PLANTATION FL 33322

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

PAUL@HODEBA.COM

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

For further information concerning this matter, please call:

PAULO DE BASTOS

at ( 954 ) 452-0030

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

REGISTERED AGENT SERVICES OF FLORIDA LLC, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for QUESHUA INVESTMENTS 3 LLC

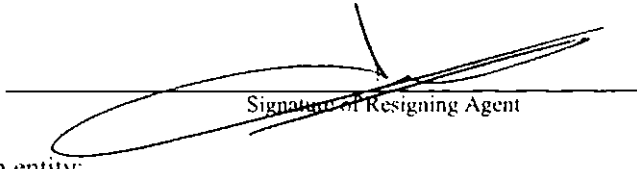
\_\_\_\_\_  
Name of Limited Liability Company

L18000105259

\_\_\_\_\_  
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

2019 JUL 12 PM 3:25

### **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**