# Albrida Department of State Division of Comporations Electronic Filling Cover Shaet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000049 Phone : (954)384-8565 Fax Number : (954)385-5175

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

mail Address: Office @ of latin accounting com

LLC REGISTERED AGENT RESIGNATION LDJ COMPANY LLC

Certificate of Status	0
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Estimated Charge	\$85.00

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Fax Server



May 29, 2024

FLORIDA DEPARTMENT OF STATE Division of Corporations

LDJ COMPANY LLC 2665 EXECUTIVE PARK DR SUITE 2 WESTON, FL 33331

SUBJECT: LDJ COMPANY LLC

REF: L18000186405

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The company name E & F LATIN GROUP LLC needs to be in the space where you have Diego Figueroa.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

FAX Aud. #: H24000188571 Letter Number: 324A00011611 TO: Registration Section

# **COVER LETTER**

Division of Corporations	
SUBJECT:	
Name of Limited Liability DOCUMENT NUMBER: L18000186405	Company
	d finishing Community Common whereit and
The enclosed Resignation of Registered Agent for a Limite for filing.	a Liaonity Company and fee are subinitied
Please return all correspondence concerning this matter to t	he following:
DIEGO FIGUEROA	
Name of Person	-
E & F LATIN GROUP, L.L.C.	
Name of Firm/Company	-
1820 N CORPORATE LAKES BLVD SUITE 109	
Address	-
WESTON, FL 33326	
City/State and Zip Code	-
OFFICE@EFLATINACCOUNTING.COM	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
DIEGO FIGUEROA 954	384 8565
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, F1, 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115,	Florida Statutes, the undersigned,
	N GROUP LLC hereby resigns as
Name of Registered Agent	
Registered Agent for LDJ COMPANY LLC	
Registered Agent for	· · _ · · · · · · · · · · · · · · ·
Name of Limito	ed Liability Company
L18000186405	
Document Number, if known	<del>-</del>
A man of this englance is a man and full to the ob-	and the of the institute the later management of the last bossess of bless.
A copy of this resignation was mailed to the abo	ove listed limited liability company at its last known address.
The agency is terminated and the office discont	inued on the 31st day after the date on which this statement is filed.
•	Signature of Resigning Agent
If signing on behalf of an entity:	<b>8</b> 1
DIEGO FIGUEROA	Turn .
Тур	red or Printed Name
REGISTERED AGENT	r ~ :
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	The state of the s
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FILING F	EES: Active limited liability company Administratively dissolved/ voluntarily dissolved/
\$ 85.00 \$ 25.00	Active limited liability company  Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mall to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314