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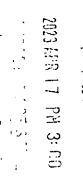
(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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Ra Risignation

JUL 1 1 2023 D CUSHING

RAFAEL J. SANCHEZ-ABALLI PA

264 Almeria Avenue Coral Gables, Florida 33134 Tellphone (305) 779-5041 • Facsimile (305) 779-5047 Email rsa@a sanchez-aballi.com • www.sanchez-aballi.com

April 13, 2023

Florida Department of State Division of Corporations Attention: Registration Section P.O. Box 6327 Tallahassee, Florida 32314

Re: Resignation of Registered Agent

Sir/Madam:

Enclosed please find the original, duly executed Statement of Resignation of Registered Agent for El Intransigente America LLC. Also enclosed is our firm's Check #1388 made payable to the Florida Department of State in the amount of \$25.00 representing payment for the fees associated with this service.

Should you have any questions, please do not hesitate to contact us.

Very truly yours,

RAFAEL I. SANGHEZ-ABALLI P.A.

Yilian Paz, Pagalegal

/yp

Enclosures as stated

COVER LETTER

SUBJECT:		e America LLC Name of Limited Liability	v: Company	
	1.	vame of Chined Diablin	Company	
DOCUMENT N	UMBER:LI	8000186719		<u>-</u>
The enclosed Res for filing.	ignation of Registe	red Agent for a Limite	d Liability Compan	y and fee are submitted
Please return all c	orrespondence con	cerning this matter to t	the following:	
Rafael Sanche	z-Aballi			
	Name of Person	n	_	
Rafael J. Sanc	hez-Aballi, P.A.		_	
	Name of Firm/Com	pany	_	
264 Almeria A			_	
	Address			
Coral Gables.	Florida 33134			
	City/State and Zip	Code	<u></u>	2023
rsa@sanchez-aba				2023 APR 17
E-mail address:	(to be used for future	annual report notification)	_	
For further inform	nation concerning t	his matter, please call:		
Rafael Sanchez		at (<u>305</u>) 779-5041 Daytime Telephon	. ယ္
N:	ame of Person	Area Code	Daytime Telephor	ne Number 3

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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.011	5. Florida Statutes, the undersigned.		
Rafael J. Sanche:	z-Aballi	hereby resigns as		
	Name of Registered Age			
Registered Agent for	El Intransigente Ame	erica LLC		
	Name of Lin	nited Liability Company	·	
L18000186719				
Document 2	Sumber, if known			
A copy of this resignat	tion was mailed to the	above listed limited liability company at its last known	address.	
The agency is terminal	ted and the office disco	ontinued on the 31st day after the date on which this sta	tement is filed.	
If signing on behalf of	an entity:	Rafael Sanchez- Mally Typed or Printed Name Capacity Capacity FFFS:	2023 APR 17 PH 3:	
	\$ 85.00 \$ 25.00	Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	3: 00 3: 00	

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