L18000212748

(Red	questor's Name)				
(Address)					
(Add	dress)				
(City	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
		# 85			

Office Use Only



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RARES

JAN 2-9 2021 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MARCIANA TRENCH LLC Name of Limited Liability Company
DOCUMENT NUMBER: 18000212748
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:
Name of Person
Name of Firm/Company
8571 W SUNGER BLUD #100
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 865 3866. 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)



22.00

Letter Number: 321A00001084

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 15, 2021

JUAN VALLEJO 8551 W. SUNRISE BLVD STE. 100 PLANTATION, FL 33322

SUBJECT: MARIANA TRENCH LLC

Ref. Number: L18000212748

We have received your document for MARIANA TRENCH LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Irene Albritton Regulatory Specialist II Attached. Thank you Juan Valle ju.

www.sunbiz.org

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	section 605.011	15. Florida Statutes.	the undersigned.	
WALLE		ال د	, hereby resigns as	2
Registered Agent for	TARRIANA	TRENCH,	N.C.	—— [#] .
	Name of Lir	nited Liability Company	y	
Document Number	, if known	above listed limited	liability company at its last know	
			day after the date on which this	
If signing on behalf of an en	tity:			
	 ,	Typed or Printed Name		:
		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