

# L18000226324

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : EPGD ATTORNEYS AT LAW, P.A.  
Account Number : I20140000049  
Phone : (786)837-6787  
Fax Number : (305)718-0687

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

Email Address: eric@epgdlaw.com

**LLC REGISTERED AGENT RESIGNATION**  
**MOINELO 1, LLC**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

K. SALY

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MOINELO I, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000226324

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:

ERIC P. GROS-DUBOIS  
Name of Person

EPGD ATTORNEYS AT LAW, P.A.  
Name of Firm/Company

777 SW 37TH AVENUE, SUITE 510  
Address

MIAMI, FL 33135  
City/State and Zip Code

ERIC@EPGDLAW.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIC GROS-DUBOIS at (786) 837-6787  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,  
EPGD ATTORNEYS AT LAW, P.A. \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for MOINELO I, LLC \_\_\_\_\_

Name of Limited Liability Company

L18000226324 \_\_\_\_\_

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:

ERIC P. GROS-DUBOIS \_\_\_\_\_

Typed or Printed Name

PRESIDENT \_\_\_\_\_

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

FILED  
2022 MAR -3 PM 5:00  
TALLAHASSEE, FL 32314