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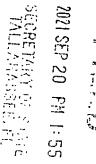
| (Requestor's Name) |
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| (1001033) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Barros Productions, LLC | |
| Name of Limited Liability | Company |
| DOCUMENT NUMBER: L19000001021 | |
| The enclosed Resignation of Registered Agent for a Limited for filing. | Liability Company and fee are submitted |
| Please return all correspondence concerning this matter to th | e following: |
| Robert J. Neary, Esq. | |
| Name of Person | |
| Kozyak Tropin & Throckmorton | |
| Name of Firm/Company | |
| 2525 Ponce de Leon Blyd., 9th Floor | |
| Address | |
| Coral Gables, FL 33134 | |
| City/State and Zip Code | |
| rn@kttlaw.com | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Robert J. Neary 305 | 372-1800 |
| 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis | ions of section 605.0115. Florida Statutes, the ur | idersigned. |
|------------------------|---|--|
| MJ Taxes and More, Ir | ic. | , hereby resigns as |
| | Name of Registered Agent | |
| Registered Agent for | Barros Productions, LLC | |
| | Name of Limited Liability Company | · |
| L19000001021 | | |
| Document | Number, if known | |
| A copy of this resigna | ation was mailed to the above listed limited liabil | ity company at its last known address. |
| The agency is termina | ated and the office discontinued on the 31st day a | fter the date on which this statement is filed |
| | | . A |
| | Signature of Resigning Age | 2021 SEP SECRETALLA |
| If signing on behalf o | fan entity: | |
| | Corali Lopez-Castro, Esq. | 20 |
| | Typed or Printed Name | |
| | Court-appointed Receiver for MJ Taxes and Mo | · · · · · · · · · · · · · · · · · · · |
| | Capacity | 55 |

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