

L1900000 4326A

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

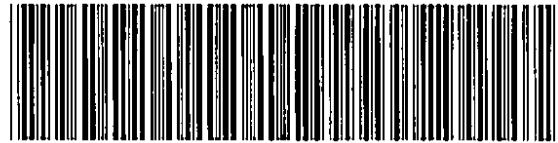
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 MAR 18 PM 5:47

SEATTLE, WA
FALLING ROCK, FL

R. WHITE

MAR 26 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Financial Markets International L LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19 0000 43264

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:

Camilo Espinosa

Name of Person

Loigica, PA

Name of Firm/Company

1111 Brickell Ave Ste 175

Address

Miami FL 33131

City/State and Zip Code

info @ Loigica.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Camilo Espinosa at (305) 726 15 37

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

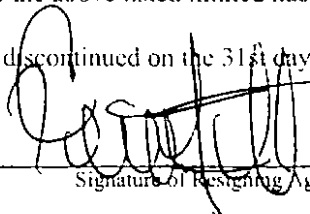
Loigica, PA, hereby resigns as
Name of Registered Agent

Registered Agent for Financial Markets LLC
Name of Limited Liability Company

L19000043264
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:

Camilo Espinosa
Typed or Printed Name
Director of Registered Agent
Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILED
2019 MAR 18 PM 5:47
TALLAHASSEE, FL

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