L19000099803

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





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10/29/24--01027--029 **25.00



COVER LETTER

Nam	e of Limited Liabilit	y Company
DOCUMENT NUMBER: L1900009980	3	
The enclosed Resignation of Registered for filing.	Agent for a Limite	d Liability Company and fee are submitted
Please return all correspondence concer	ning this matter to	he following:
FERNANDA FIGUEIREDO		
Name of Person		_
DOMUS GLOBAL TAX ADVISORS LLC		
Name of Firm/Compan	<u>y</u>	-
15815 SHADDOCK DR STE 120		
Address		-
WINTER GARDEN, FL 34787		
City/State and Zip Code		-
FERNANDA@DOMUSGLOBALTAX.COM		
E-mail address: (to be used for future annu	al report notification)	_
For further information concerning this	matter, please call:	
FERNANDA FIGUEIREDO	407 at (334 7001
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\$85,00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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 sect	ion 605.0115, Florida Statutes, the	e undersigned,
Name of Registered Agent		, hereby resigns as
		, rictory resigns as
Registered Agent for MF BUSIN	ESS GROUP LLC	
	Name of Limited Liability Company	
1.19000099803		
Document Number, if kn	nown	
		ability company at its last known address. ay after the date on which this statement is t
	Signature of Resigning 7	Agent
If signing on behalf of an entity:		;- <u>-</u> !
FERNA	NDA FIGUEIREDO	
	Typed or Printed Name	
OWNER	₹	a de la companya de l
	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\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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