

L19000 107972

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Ra Resignation

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CM Prestige Enterprise LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000107972

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:

Diane M. Mouriz
Name of Person

CM Prestige Enterprise
Name of Firm/Company

6815 Biscayne Blvd Ste 103-102
Address

miami FL 33138
City/State and Zip Code

customersupport@prestigeserviceind.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane M. Mouriz at (305) 299 9030
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

CARLOS MONTENEGRO MOURIZ, hereby resigns as
Name of Registered Agent

Registered Agent for CM Prestige Enterprise LLC

Name of Limited Liability Company

L190000107972
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.

Carlos Montenegro
Signature of Resigning Agent

If signing on behalf of an entity:

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA