K19 0000117536

(Requestor's Name)		
(Address)		
(Address)		
,		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
. ==>100		
J DENNIS		
APR 1 7 2023		

Office Use Only



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SECRETARY OF STATES

COVER LETTER

SUBJECT: Enas Bondad LLC		
Name of Limited Liability Company		
DOCUMENT NUMBER: L19000117536		
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:	
United States Corporation Agents, Inc.		
Name of Person		
Legalzoom.com, Inc.		
Name of Firm/Company		
9900 Spectrum Dr.		
Address		
Austin, TX 78717		
City/State and Zip Code		
raresignations@legalzoom.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
800 at (773-0888	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 provisi	ions of section 605.0115, Florida Statutes, the unders	igned.
United States Cor	poration Agents, Inc.	harahu rasiana as
Name of Registered Agent		hereby resigns as
Registered Agent for _	Enas Bondad LLC	
	Name of Limited Liability Company	
L19000117536		
Document ?	Number, it'known	
	tion was mailed to the above listed limited liability co ted and the office discontinued on the 31st day after t	
	Signature of Resigning Agent	
f signing on behalf of	an entity:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agen	nts, Inc.
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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