Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000127594 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000049 Phone : (954)384-8565 Fax Number : (954)385-5175

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: support@eflotinaccounting. com

LLC REGISTERED AGENT RESIGNATION SOCCER FEST GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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APR - 6 2023

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT:	
Name of Limited Liability Company	
DOCUMENT NUMBER: L19000172732	<del></del>
The enclosed Resignation of Registered Agent for a Limited Liability Company and for filing.	fee are submitted
Please return all correspondence concerning this matter to the following:	
DIEGO FIGUEROA	
Name of Person	
E&F LATIN GROUP LLC	
Name of Firm/Company	
1820 N CORPORATE LAKES BLVD SUITE 109	
Address	
WESTON FL 33326	
City/State and Zip Code	
DIEGO@EFLATINACCOUNTING.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
DIEGO FIGUEROA 954 384 8565	
Name of Person Area Code Daytime Telephone Nu	mber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of secti	on 605.0115,	, Florida Statutes, the unde	rsigned,				
Name of Registered Agent			, hereby resign	y regigns as			
Registered Agent for SOCCER FI	EST GROUP	LLC				-	
						<b>-</b> 1	
	Name of Limit	ted Liability Company					
L19000172732							
Document Number, if kno	חשנ						
A copy of this resignation was ma	iiled to the al	bove listed limited liability	company at its	last known a	ddress.		
The agency is terminated and the	office discor	ntinued on the 31st day after	er the date on w	hich this state	ement i	s filed.	
	Gieg	Figure of Resigning Agent					
If signing on behalf of an entity:							
E&F LA	TIN GROUP	LLC					
OWNER		ped or Printed Name		W	2023		
	<u>_</u>	Capacity		^	23 AP		
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolv withdrawn limited liabi	ompany red/ voluntarily lity company	dissolved/	PR 5 AM 10: 20	IJ 3-3-8	

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

INH517 (2/14)