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.

(((H24000188566 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 : (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.**

Company one email address please.**

Company one email address please.**

LLC REGISTERED AGENT RESIGNATION BIO LASER TECHNOLOGY LLC

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May 29, 2024

FLORIDA DEPARTMENT OF STATE Division of Corporations

BIO LASER TECHNOLOGY LLC 2806 WESTON RD WESTON, FL 33331

SUBJECT: BIO LASER TECHNOLOGY LLC

REF: L19000189977

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The company name E & F LATIN GROUP LLC needs to be in the space where you have Diego Figueroa.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

FAX Aud. #: H24000188566 Letter Number: 024A00011611 Registration Section Division of Corporations

10:

COVER LETTER

Name	e of Limited Liabili	ty Company
DOCUMENT NUMBER: L19000189977	7	
The enclosed Resignation of Registered for filing.	Agent for a Limit	ed Liability Company and fee are submitted
Please return all correspondence concern	ning this matter to	the following:
DIEGO FIGUEROA		
Name of Person		-
E & F LATIN GROUP, L.L.C.		
Name of Firm/Compan	у	_
1820 N CORPORATE LAKES BLVD SUITE	109	
Address		
WESTON, FL 33326		
City/State and Zip Cod	e	_
OFFICE@EFLATINACCOUNTING.COM		
E-mail address: (to be used for future annu	ial report notification)	
For further information concerning this	matter, please call	;
DIEGO FIGUEROA	954 at (384 8565) le 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 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 provis	ions of section 605.011	Florida Statutes, the unc	dersigned.	
	E &	F LATIN GROUP LLC	, hereby resigns as	
	Name of Registered Age	nt		
Registered Agent for	BIO LASER TECHNOL			
				
	Name of Lin	nited Liability Company		
1,19000189977				
Document	Number, if known			
A copy of this resigna	ition was mailed to the a	above listed limited liabilit	y company at its last knov	vn address.
•			. ,	
The agency is termina	ited and the office disco	ntinued on the 31st day at	fer the date on which this	statement is med.
·				
		Signature of Resigning Agen	· ·	
If signing on behalf of	f an entity:			
	DIEGO FIGUEROA			39 °
	 '	yped or Printed Name		FIL.
	REGISTERED AGE	NT		<u> </u>
	<u> </u>	Capacity		= 1
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	\$ 85,00 T \$ 25,00	Active limited hability Administratively dissol	company many ved/voluntarily dissolved	ED MM 9: 37 OF STAIR
		withdrawn limited liab	company	9: 37 STAF
				·**

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