L19000226472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HUGINN & MUNINN LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

PATRICIO HERNAN GARCIA
(Contact Person)

(Firm/Company)

4100 NE 2nd Ave Ste 304
(Address)

Miami FL 33137
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIO HERNAN GARCIA at (786) 650 5340
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
☐ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

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

CR2E079 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Antonio Coletta, hereby resigns as

Name of Registered Agent

Registered Agent for Huginn & Muninn LLC

Name of Limited Liability Company

L 19000 226472

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.

Signature of Resigning Agent

If signing on behalf of an entity:

—

Typed or Printed Name

—

Capacity

FILED
2025 FEB 19 PM 5:26

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$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)

STATEMENT OF FACTS

From: Antonio Coletta

Date: 01-07-2025

I, Antonio Coletta, am requesting that my name be removed from the company

Huginn & Muninn LLC, Document Number **L19000226472** because I never

authorized the inclusion of my name in this company as a Registered Agent.

I do NOT belong nor do I have any authority or function in this company.

Please, I request that you remove me.

Thank you

Antonio Coletta

Notary Public State of Florida
Alicia Pulido
My Commission
HH 278260
Exp. 6/20/2026