

L19 000 266 066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

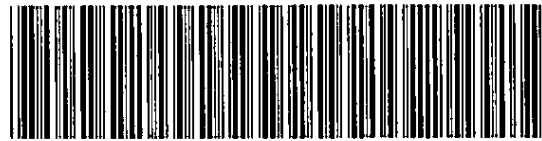
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALSILFE MARITIME GROUP, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L19000266066

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:

ZUNAY RABELO, EA

Name of Person

JRA PROFESSIONAL SERVICES

Name of Firm/Company

1800 W 68 ST STE 112

Address

HIALEAH, FL 33014

City/State and Zip Code

ZRABELO@JRAPROFESSIONAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZUNAY RABELO, EA

Name of Person

at ( 305 ) 456-5945  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
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 section 605.0115, Florida Statutes, the undersigned,

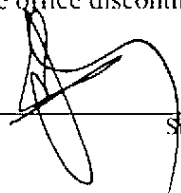
JRA PROFESSIONAL SERVICES  
\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for ALSILFE MARITIME GROUP, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

L19000266066  
\_\_\_\_\_  
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:

ZUNAY RABELO  
\_\_\_\_\_  
Typed or Printed Name  
MANAGER  
\_\_\_\_\_  
Capacity

2022 FEB -1 4:26 ID: 26  
2022 FEB -1 4:26 ID: 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**