

L20 000031174

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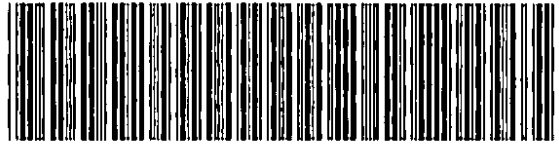
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2022 APR 18 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Midflorida Remarketing LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 120000031174

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:

Ana Garcia

Name of Person

Midflorida Remarketing LLC

Name of Firm/Company

PO Box 1262

Address

Winter Park, FL 32790

City/State and Zip Code

sales@midfloridaremarketing.com

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

For further information concerning this matter, please call:

Ana Garcia

Name of Person

at (863) 221-2291
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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**

2007 APR 18 PM 8:17

SECRETARY OF STATE
TALLAHASSEE, FL

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

Jose A Morera _____, hereby resigns as

Name of Registered Agent

Registered Agent for Midflorida Remarketing LLC

Name of Limited Liability Company

L20000031174

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:

JOSE A MOREIRA
Typed or Printed Name

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withdrawn limited liability company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