

L20000034885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

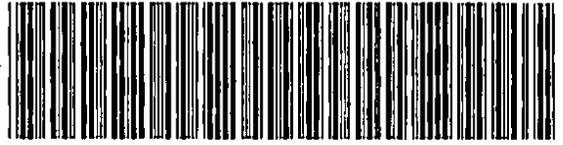
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Corporacion LG, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L20000034885

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:

Rafael Fabian  
Name of Person

Rafael Fabian, PA  
Name of Firm/Company

3860 SW 8th Street, Suite 200  
Address

Coral Gables, FL 33134  
City/State and Zip Code

rafael@fabianpa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rafael Fabian at ( 305 ) 856-6700  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Julianna Agreda, hereby resigns as  
Name of Registered Agent

Registered Agent for Corporacion LG, LLC

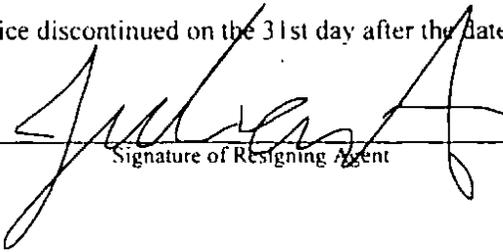
Name of Limited Liability Company

L20000034885

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

**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)

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

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