

L20 0000 S0375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

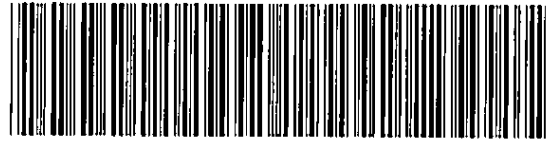
(Business Entity Name)

(Document Number)

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2024 MAY 15 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAMBRAIA DEVELOPMENT LLC /
Name of Limited Liability Company

DOCUMENT NUMBER: 120000050375 /

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:

GABRIEL VELOSO CAMBRAIA /
Name of Person

CAMBRAIA DEVELOPMENT LLC /
Name of Firm/Company

7901 KINGSPONTE PKWY STE 17
Address

ORLANDO, FL 32819
City/State and Zip Code

gabriel@cambraia.com.br /
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GABRIEL VELOSO CAMBRAIA / 407 370-3686
Name of Person at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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2024 MAY 15 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

INTERNATIONAL DIVISION BY LARSON LLC

hereby resigns as

Name of Registered Agent

Registered Agent for CAMBRALA DEVELOPMENT LLC

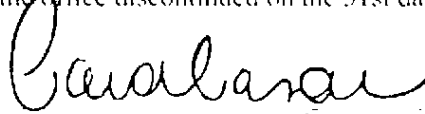
Name of Limited Liability Company

120000050375

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:

CAROLINE LARSON

Typed or Printed Name

CEO

Capacity

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SECRETARY OF STATE
TALLAHASSEE, FL

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