

7/13/22, 11:24 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L2000051253

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CARRILLO LAW, P.A.
Account Number : I20220000027
Phone : (305)901-6041
Fax Number : (305)901-6042

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: clarifinello@yahoo.com

**LLC REGISTERED AGENT RESIGNATION
THE FOURS FAMILY INVESTMENTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

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2022 JUL 13 PM 3:24

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE FOURS FAMILY INVESTMENTS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L20000051253

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:

CLARISA FINELLO

Name of Person

THE FOURS FAMILY INVESTMENTS LLC
Name of Firm/Company

164 SW 127th TERRACE

Address

PLANTATION, FL 33325

City/State and Zip Code

CLARIFINELLO@YAHOO.COM.AR

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

For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

MARIA STEVENAZZI

Name of Registered Agent

, hereby resigns as

Registered Agent for THE FOURS FAMILY INVESTMENTS LLC

Name of Limited Liability Company

L20000051253

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]
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

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