1/29/25, 11:55 AM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPAT CONSULTING CORP.

Account Number : I20190000096 Phone : (407)745-1112 : (407)641-8083 Fax Number

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

Email Address: ACC@EXPATCONSULTING.COM

## LLC REGISTERED AGENT RESIGNATION ROYAL ESTATES INVESTMENTS FLORIDA LLC

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
ROYAL ESTATES INVESTMENTS FLORIDA LLC SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000131971	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
NILTON FREGNI	
Name of Person	
EXPAT COSNULTING CORP	
Name of Firm/Company	
8615 COMMODITY CIR, STE 11	
Address	
ORLANDO - FL - 32819	
City/State and Zip Code	
ACC@EXPATCONSULTING.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
NILTON FREGNI 407 at (	745.1112
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

To: SUNBIZ . . .

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the undersigned.	
EXPAT CONSULTING	CORP , hereby r	esions as
	Name of Registered Agent	••••••••••••••••••••••••••••••••••••••
Registered Agent for	ROYAL ESTATES INVESTMENTS FLORI	DA LLC
	Name of Limited Liability Company	·
L20000131971		
Document Nu	mher, if known	
A copy of this resignation	on was mailed to the above listed limited liability company	at its last known address.
The agency is terminated	d and the office discontinued on the 31st day after the date of Signature of Resigning Agent	on which this statement is filed.
If signing on behalf of a	n entity:	
	NILTON FREGN)	129 129
	Typed or Printed Name P	温泉豊口
	Capacity	9: 02 1080

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