120000203199

/P	equestor's Name)
(14)	equestor s marrie)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to Filing Officer:	
Office Use Only	



03/22/21--01031--025 **55.00





JUN 23 2021

COVER LETTER

TO: Registration Section Division of Corporations

ARGONAUT FL, LLC

SUBJECT:

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

TERESITA F. MIYARES

(Contact Person)

MIYARES GROUP, LLC

(Firm/Company)

130 MADEIRA AVE

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person)

_ at (_____) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

<u>Mailing Address:</u> 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

.

CR2E079 (2/14)



招口三八三四

2021 JUN 14 PM 2:56

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 27, 2021

TERESITA F. MIYARES 130 MADEIRA AVENUE CORAL GABLES, FL 33134

SUBJECT: ARGONAUT FL. LLC Ref. Number: L20000203199

We have received your document for ARGONAUT FL. LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to list the date of resignation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 321A00011598





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

- The name of the limited liability company as it appears on the records of the Florida Department ARGONAUT FL, LLC of State is: ______
- 2. The Florida document/registration number assigned to this limited liability company is: L20000203199
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/31/2021.
 - RICARDO OLIVO

4.1. _____, hereby withdraw/resign as a _______, hereby withdraw/resign as a _______.

TITLE MANAGER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee:\$25.00 (Required)Certified Copy:\$30.00 (Optional)