1/3/125, 11:39 AM Division of Corporations

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> > (((H25000038432 3)))



H250000384323ABC.

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Division of Corporations

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From:

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LLC REGISTERED AGENT RESIGNATION MARIQUITA ENTERPRISES LLC

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K. SALY

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Mariquita Enterprises LLC	
	Name of Limited Liabilit	y Company
DOC	UMENT NUMBER: L20000264919	<u> </u>
The er	nclosed Resignation of Registered Agent for a Limite ng.	d Liability Company and fee are submitted
Please	return all correspondence concerning this matter to t	he following:
Erika	Easter	
	Name of Person	-
eRes	identAgent, Inc.	
	Name of Firm/Company	-
228 F	Park Ave S, PMB 50845	
	Address	-
New '	York, NY 10003-1502	
	City/State and Zip Code	•
E-	eteam@eminutes.com mail address: (to be used for future annual report notification)	-
For fu	ther information concerning this matter, please call:	
Erika	Raster at (310) Name of Person Area Code	820-1000
•	Name of Person Area Code	Daytime Telephone Number
liabilit	ed is a check made payable to the Florida Departmen y company or \$25.00 for an administratively dissolve y company.	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limite

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi	sions of section 605.0115, Florida Statutes, the	undersigned,	E 1
eResidentAgent,	Inc.	, hereby resigns as	ACTION AND AND AND AND AND AND AND AND AND AN
	Name of Registered Agent	, nereby resigns as	
Registered Agent for	Mariquita Enterprises LLC		3
			S. S.
	Name of Limited Liability Company		- 15. 75. 75. 75. 75. 75. 75. 75. 75. 75. 7
L20000264919			
Document	Number, if known		
A copy of this resigna	ation was mailed to the above listed limited lia	bility company at its last k	nown address.
The agency is terminate	ated and the office discontinued on the 31st da	y after the date on which th	nis statement is filed.
	(Signatule of Resigning Agent)		
If signing on behalf o	f an entity:		
	Jeffrey A Unger		
	Typed or Printed Name		
	President		
	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