L21000106177

(Requ	iestor's Name)				
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Laura Leiber LL C Name of Limited Liability Company	
DOCUMENT NUMBER: <u>L21000106177</u>	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.	ted
Please return all correspondence concerning this matter to the following:	
Leiber Correa Name of Person	
Lauraleiser LLC Name of Firm/Company	
11040 Town Cir Apt 304	
Royal polm beach, fL, 33414 City/State and Zip Code	
Leiser Cook Domail, Con F-mail address: (to be used for future annual report notification)	17 17
For further information concerning this matter, please call:	_
Le15es Cosceo at (50) 633-1963 Name of Person at (50) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisio	ns of section 605.0115, Florida S	tatutes, the	e undersigned,			
Leiber	Correa		, hereby resig	ns as		
	Name of Registered Agent					
Registered Agent for	Laura Ler	5E.C	LLC			
	Name of Limited Liability	Company			·	
<u>L210001061</u>	77					
Document No	imber, if known					
	on was mailed to the above listed					
The agency is terminate	d and the office discontinued on	the 31st da	ay after the date on w	which this states	nent is !	filed.
	d and the office discontinued on	1		SECSE	2024 MAI	
	Signature	Resigning	Agent	<u>1</u>	70	Canana Carana
If signing on behalf of a	n entity:			Strates	4 PM 4: 33	
	Typed or Printe	ed Name		FAME	: 33	
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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