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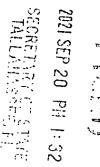
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Gilberto's Paradise LLC Name of Limited Liability	y Company
DOCUMENT NUMBER: L21000171798	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
Robert J. Neary, Esq.	
Name of Person	-
Kozyak Tropin & Throckmorton	
Name of Firm/Company	-
2525 Ponce de Leon Blvd., 9th Floor	
Address	_
Coral Gables, FL 33134	
City/State and Zip Code	_
rn@kttlaw.com	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Robert J. Neary 305	372-1800
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Department	nt 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liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.0115. Florida Statutes, the un	dersigned.			
MJ Taxes and More Inc	MJ Taxes and More Inc, hereby resigns as		as		
	Name of Registered Agent				
Registered Agent for	Gilberto's Paradise LLC				_
	Name of Limited Liability Company				_ ,
	Name of Linnaed Liability Company				
1.21000171798					
Document S	Rumber, if known				
A copy of this resignat	ion was mailed to the above listed limited liabili	ty company at its k	ıst known	addres	s.
The agency is terminat	ed and the office discontinued on the 31st day a	fter the date on whi	ch this sta	tement	is filed
	Signature of Resigning Ager	nt		202	
If signing on behalf of	an entity:		1 1. A.	- SE	ہجست ایا نہ
	Corali Lopez-Castro, Esq.			P 20	دست دست
	Typed or Printed Name		(n = 1		
	Court-appointed Receiver for MJ Taxes and Mor	re	<u> </u>	===	
	Capacity			1:32	الصيد: ١
	FILING FEES: \$ 85.00 Active limited liability \$ 25.00 Administratively disso withdrawn limited liab	company lved/ voluntarily d pility company	issolved/		

Make checks payable to Florida Department of State and mail to: Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314