

121000176115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

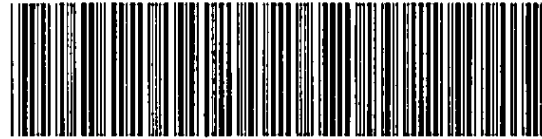
(Business Entity Name)

(Document Number)

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Division of Motor Vehicles

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAGUNA 19245 LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L21000176115

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CUBIDES, ROBERTO

Name of Person

LAGUNA 19245 LLC

Name of Firm/Company

18242 NW 15TH COURT

Address

PEMBROKE PINES, FL 33029

City/State and Zip Code

robertocubides@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberto Cubides

at (954) 3090148

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

22 OCT 11 AM 5:46

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

SIMPLY LEGAL LLP

, hereby resigns as

Name of Registered Agent

Registered Agent for LAGUNA 19245 LLC

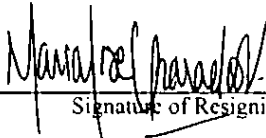
Name of Limited Liability Company

L21000176115

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Maria Jose Granados-Godoy

Typed or Printed Name

Partner

Capacity

FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

22 OCT 11 AM 5:46

DIVISION OF CORPORATIONS

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314