

5/20/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H21000203453ABCU

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : KIM MARKS CPA
Account Number : I20120000072
Phone : (305)895-5815
Fax Number : (305)895-6273

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT RESIGNATION
SOUTH SOCIETY LLC**

Certificate of Status	0
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Estimated Charge	\$85.00

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTH SOCIETY LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000221937

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:

KIM MARKS

Name of Person

KIM MARKS CPA

Name of Firm/Company

2136 NE 123RD ST

Address

NORTH MIAMI FL 33181

City/State and Zip Code

KIMMARKS@KIMMARKSCPA.COM

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

For further information concerning this matter, please call:

KIM MARKS

at (305)

895-5815

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

H 21000203453 3

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

MAXIMILIANO MIRAGLIA

, hereby resigns as

Name of Registered Agent

Registered Agent for SOUTH SOCIETY LLC

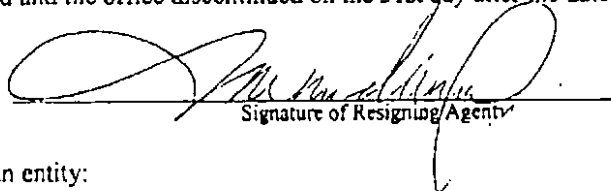
Name of Limited Liability Company

L21000221937

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:

Typed or Printed Name

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