

L21000259495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

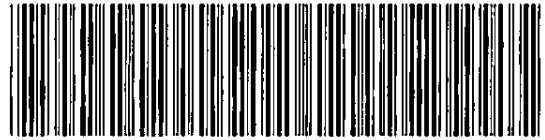
(Business Entity Name)

(Document Number)

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FILED
2023 SEP -5 PM 12:54
SUBJECT: PART OF SALE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUINTEROJIMENEZ INSURANCE LLC

Name of Limited Liability Company

DOCUMENT NUMBER: F.21000259495

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:

ARACELYS M JIMENEZ HERNANDEZ

Name of Person

QUINTEROJIMENEZ INSURANCE LLC

Name of Firm/Company

9553 TOCOBAGA PL

Address

RIVERVIEW, FL 33578

City/State and Zip Code

TAMPAMULTISERVICES-INC@HOTMAIL.COM

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

For further information concerning this matter, please call:

ARACELYS M JIMENEZ HERNANDEZ

Name of Person

at (609) 551-1339

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

ELIBERTO QUINTERO SILVA

Name of Registered Agent

, hereby resigns as

Registered Agent for QUINTERO JIMENEZ INSURANCE LLC JIMENEZ INSURANCE LLC

Name of Limited Liability Company

L21000259495

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:

N/A

Typed or Printed Name

N/A

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

FILED
2023 SEP -5 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA