

L21000333289

(Requestor's Name)

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(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

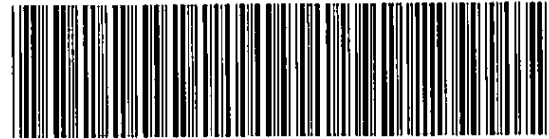
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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1. *Chlorophyll a* (Chl *a*)  
 2. *Chlorophyll b* (Chl *b*)  
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SECRET

## RA Resignation

JUN 02 2023

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Chivomujica carne en vara II LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L21000333269

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:

Leo Joseph Lemos  
Name of Person

chivo mujica carne en vara II LLC  
Name of Firm/Company

12214 Accipiter Drive  
Address

Orlando FL 32837  
City/State and Zip Code

Leo@invescomm.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leo J. Lemos at (407) 592-1210  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED

2023 MAR 21 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FL

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

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

Leo Joseph Lemos, hereby resigns as  
Name of Registered Agent

Registered Agent for Chivomujica Carne en vara II LLC

\_\_\_\_\_  
Name of Limited Liability Company

L21000333289  
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.

Leo J. Lemos  
Signature of Resigning Agent

If signing on behalf of an entity:

LEO JOSEPH LEMOS  
Typed or Printed Name  
Reg Agent  
Capacity

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

2023 MAR 21 AM 11:05

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**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**