

L21000488661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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**TO:** Registration Section  
Division of Corporations

MEGAG GROUP LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

L21000488661

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

POLIANA RIVERO, ESQ.

\_\_\_\_\_  
Name of Person

RIVERO LAW LLC

\_\_\_\_\_  
Name of Firm/Company

19505 Biscayne Blvd. Ste 2350

\_\_\_\_\_  
Address

Aventura, FL 33180

\_\_\_\_\_  
City/State and Zip Code

PRIVERO@RIVEROLAWYERS.COM

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

For further information concerning this matter, please call:

POLIANA RIVERO

786

224-5575

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

AVALON INCORPORATORS LLC

, hereby resigns as

Name of Registered Agent

MEGAG GROUP LLC

Registered Agent for


Name of Limited Liability Company

L21000488661

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:

Juan Jose Valerio Alfaro

Typed or Printed Name

Manager

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withdrawn limited liability company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