

L21000491200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

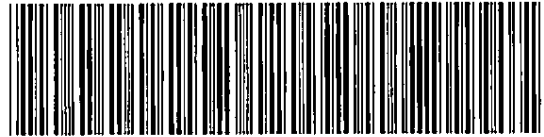
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2023 MAR 31 AM 11:43

SECRETARY OF STATE  
CLERK OF COURT

Ra Resignation

JUN 02 2023

D CUSHING

Fort Lauderdale, March 1st 2023

SUNBIZ

The Center of Tallahassee  
2415 N Monroe Street, Suite 180  
Tallahassee, FL 32303

Reference: Sosa Properties & Real Estate Document Number L21000491200

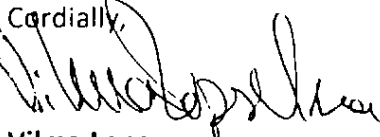
To Whom it may concern:

I want to request the removal of my name and address of the Sosa Properties & Real Estate LLC. My name is on this organization and I have not been part of this organization, nor I approved to have my name or address as their principal address since 2022.

The owner Maria del Pilar Sosa San Miguel renewed the corporation in 2022 and 2023 with my address and name, violating the warning prior to submitting the document where it warns: I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am authorized to execute this report as required by Chapter 605, Florida Statutes; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Thank you for your support, and if there is anything I need to do to make sure this corporation does not use my information for their records.

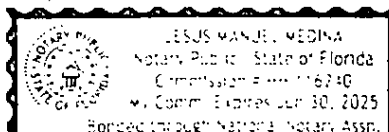
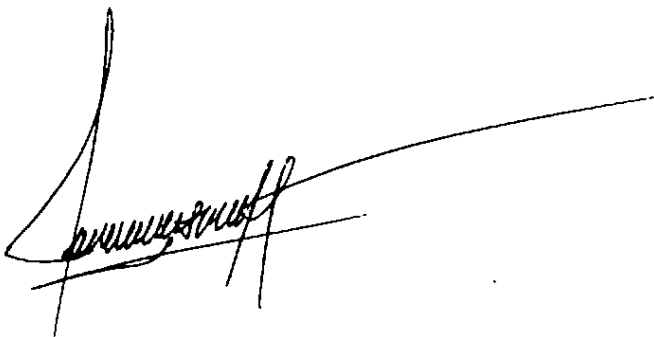
Cordially,



**Vilma Lopez**

5360 SW 148 Avenue, Southwest Ranches FL 33330  
Ph. 954.600.3794

State of Florida County of Broward  
The foregoing instrument was acknowledged before me  
via ☒ physical presence OR ☐ online notarizations  
this 1st day of March, 2023  
BY Vilma Lopez  
Personally known ☐ OR produced identification ☒  
Type of identification produced FL Driver License  
\_\_\_\_\_, Notary Public  
My Commission Expires June 30, 2025



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOSA PROPERTIES & REAL ESTATE LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L21000491200

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:

Vilma Lopez  
Name of Person

N/A  
Name of Firm/Company

5360 Volunteer Road  
Address

Southwest Ranches FL 33330  
City/State and Zip Code

vilussa@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vilma Lopez at ( 954 ) 6003794  
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

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2023 MAR 31 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

Vilma Lopez \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for Sosa Properties & Real Estate LLC

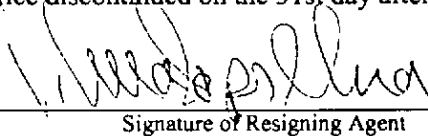
\_\_\_\_\_  
Name of Limited Liability Company

1.21000491200

\_\_\_\_\_  
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

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2023 MAR 31 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FL

## 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