

L220000216024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

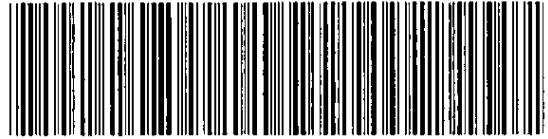
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200438667792

10/29/24--01030--001 \*\*25.00

NEW YORK COUNTY CLERK  
CLERK OF SUPREME COURT  
CLERK OF DISTRICT COURT  
CLERK OF COUNTY COURT  
CLERK OF JUDICIAL BRANCH

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PORTO MENDES SERVICES LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L22000216024

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:

FERNANDA FIGUEIREDO

Name of Person

DOMUS GLOBAL TAX ADVISORS LLC

Name of Firm/Company

15815 SHADDOCK DR STE 120

Address

WINTER GARDEN, FL 34787

City/State and Zip Code

FERNANDA@DOMUSGLOBALTAX.COM

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

For further information concerning this matter, please call:

FERNANDA FIGUEIREDO at (407) 334 7001  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

DOMUS GLOBAL TAX ADVISORS LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for PORTO MENDES SERVICES LLC

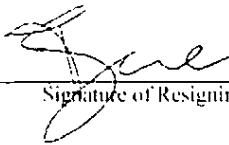
Name of Limited Liability Company

L22000216024

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:

FERNANDA FIGUEIREDO

Typed or Printed Name

OWNER

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