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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : E & F LATIN GROUP LLC
Account Number : I20160000049
Phone : (954)384-8565
Fax Number : (954) 302-4078

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: OFFICE@EFLATINACCOUNTING.COM

LLC REGISTERED AGENT RESIGNATION ARZEANDI, LLC

Certificate of Status	0
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MAY 16 2023

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 2023 MAY 15 AM 11:42
 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

2023 MAY 15 AM 10:47
 10:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARZEANDI, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L22000276990

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:

DIEGO FIGUEROA

Name of Person

E & F LATIN GROUP LLC

Name of Firm/Company

1820 N CORPORATE LAKES BLVD SUITE 109

Address

WESTON FL 33326

City/State and Zip Code

DIEGO@EFLATINACCOUNTING.COM

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

For further information concerning this matter, please call:

DIEGO GIGUEROA

at (954)

3848565

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

E & F LATIN GROUP LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for ARZEANDI, LLC

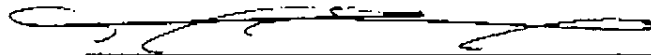
Name of Limited Liability Company

L22000276990

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:

DIEGO FIGUEROA

Typed or Printed Name

Registered Agent

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

2023 FRI 15 AM 10:47