

L22000302175

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : PETER MATHISON LLC
Account Number : 129210000152
Phone : (305)520-9343
Fax Number : (786)705-2040

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

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
SKY SOLUTIONS LATAM GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	0.1
Estimated Charge	\$85.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 JUL 21 PM 5:27

APPROVED
AND
FILED

RECEIVED
2023 JUL 21 PM 4:40
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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JUL 21 2023
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKY SOLUTIONS LATAM GROUP LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L22000302175

The enclosed Resignation of Registered Agent for a Limited Liability Company and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

FERNANDO VILLARREAL

Name of Person

PETER MATHISON LLC

Name of Firm/Company

800 SE 4TH AVENUE SUITE 139

Address

HALLANDALE BEACH, FL, 33009

City/State and Zip Code

INFO@TUCONTADORENMIAMI.COM

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

For further information concerning this matter, please call:

FRNANDO VILLARREAL

305

520-9343

at ()

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TU ONTADOR EN MIAMI LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for SKY SOLUTIONS LATAM GROUP LLC

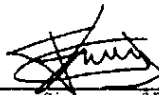
Name of Limited Liability Company

L22000302175

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:

FERNANDO VILLARREAL

Typed or Printed Name

MEMBER 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

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