

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L220003193400

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To:

Division of Corporations
 Fax Number : (850)617-6380

From:

Account Name : FORTUNA & ASSOCIATES TAX SERVICES
 Account Number : I20210000098
 Phone : (305)728-2377
 Fax Number : (302)728-2378

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

Email Address: ablaschitz@gmail.com

**REGISTERED AGENT RESIGNATION
 EUREKA 2022 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$87.50

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 DIV. OF STATE
 TALLAHASSEE, FLORIDA
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EUREKA 2022 LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L22000316460

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:

Alejandro Blaschitz Garcia
Name of Person

EUREKA 2022 LLC
Name of Firm/Company

233 E FOREST OAK CIR.
Address

DAVIE, FL 33325
City/State and Zip Code

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

For further information concerning this matter, please call:

Alejandro Blaschitz Garcia at (786) 508-4914
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Sergio Molina Rojas, hereby resigns as

Name of Registered Agent

Registered Agent for EUREKA 2022 LLC

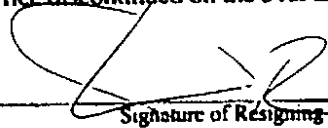
Name of Limited Liability Company

L22000316460

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:

Typed or Printed Name

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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STATE OF FLORIDA
TALLAHASSEE, FLORIDA