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COVER LETTER

| SUBJECT: Na | me of Limited Liabil | ity Company |
|---|-----------------------|---|
| DOCUMENT NUMBER: 1.220005278 | 92 | |
| The enclosed Resignation of Registere for filing. | d Agent for a Limi | ted Liability Company and fee are submitted |
| Please return all correspondence conce | erning this matter to | the following: |
| FERNANDA FIGUEIREDO | | |
| Name of Person | | _ |
| DOMUS GLOBAL TAX ADVISORS LLC | | |
| Name of Firm/Compa | any | _ |
| 15815 SHADDOCK DR STE 120 | | |
| Address | | _ |
| WINTER GARDEN, FL 34787 | | |
| City/State and Zip Co | | |
| FERNANDA@DOMUSGLOBALTAX.COM | 1 | |
| E-mail address: (to be used for future an |) | |
| For further information concerning this | s matter, please cal | l: |
| FERNANDA FIGUEIREDO | 407 | 334 7001 Daytime Telephone Number |
| Name of Person | Area Coo | de 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

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 provis | ions of section 605.0115, | Florida Statutes, the unde | ersigned. | |
|--------------------------|----------------------------|------------------------------|---|--|
| DOMUS GLOBAL TA | X ADVISORS LLC | | _ , hereby resigns as | |
| Name of Registered Agent | | | | |
| Registered Agent for | LES REAL ESTATE INVE | ESTMENTS LLC | | |
| | Name of Limite | ed Liability Company | · | |
| L22000527892 | | | | |
| Document | Number, if known | | | |
| A copy of this resigna | tion was mailed to the abo | ove listed limited liability | company at its last known address. | |
| The agency is termina | ted and the office discont | inued on the 31st day after | er the date on which this statement is filed. | |
| | | Signature of Resigning Agent | | |
| If signing on behalf o | an entity: | | | |
| | FERNANDA FIGUEIR | REDO | | |
| | Тур | ed 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