

L2300000141632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

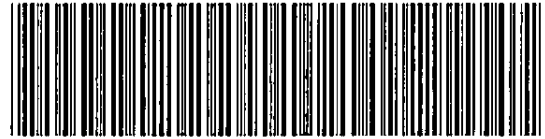
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LOLA MIAMI PROPERTY, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: 1.23000014622

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:

GONZALO SABOGAL.

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Name of Person

LOLA MIAMI PROPERTY, LLC

---

Name of Firm/Company

501 NE 31ST #2408

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Address

MIAMI, FL 33137

City/State and Zip Code

gonzalosabogal82@gmail.com

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

For further information concerning this matter, please call:

Gonzalo Sabogal                      718                  614-9211  
\_\_\_\_\_  
Name of Person                      at (        )  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

DR JOELLE ESTRADA

, hereby resigns as

Name of Registered Agent

Registered Agent for

LOLA MIAMI PROPERTY, LLC

Name of Limited Liability Company

L2300001-4622

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

MEMBER - PRESIDENT

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