L23000154240

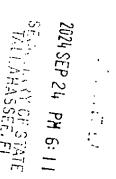


Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

GRUPO ATUAL PARTICIPATIONS LLC SUBJECT:	
Name of Limited Liability	v Company
DOCUMENT NUMBER: 1.23000154240	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
CAROLINE LARSON	
Name of Person	-
LARSON ACCOUNTING & CONSULTING SERVICES LLC	
Name of Firm/Company	-
7901 Kingspointe Pkwy Ste 17	
Address	
Orlando, FL 32819	
City/State and Zip Code	•
ALAN@LARSONACC.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
CAROLINE LARSON 407	3703686
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	of section 605.0115, 1	Plorida Statutes, the u	ndersigned,			
INTERNACIONAL DIVISION BY LARSON LLC		hereby resigns as	e			
Name of Registered Agent			: nereoy resigns as	3		
Registered Agent for GRU	O ATUAL PARTICIE	PATIONS LLC	<u>.</u>			
	Name at Limited	Liability Company				, -
	wank or thinned	ставний Сотрату				
L23000154240						
Document Numbe	r. if known	_				
A copy of this resignation was the agency is terminated and the agency is the agency is the agency of this resignation was agreement and the agency of this resignation was agreement as a supplied that agency is the agency of the agency is the agency of this resignation was agreement as a supplied that agency is the agency is agency is agency is the agency is agency is agency is agency is	nd the office discontin		ifter the date on which			
	Typed	For Printed Name		<u>∰</u> 5	24	:
CH	0			SSE	20	' :
	(apacity		E.FL	P# 6: 11	:
	FILING FE. \$ 85.00 A \$ 25.00 A	ES: ctive limited liability dministratively disso /ithdrawn limited liab	company dved/voluntarily disso bility company	olved/		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314