

L23 000 157 866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

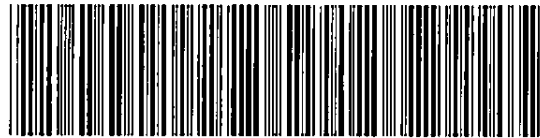
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 APR 22 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ITACA LONG JOURNEY LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L23000157866

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:

CAROLINA RODRIGUEZ

Name of Person

ALLIANCE CORPORATE SOLUTIONS LLC

Name of Firm/Company

2980 NE 207TH STREET, SUITE 328

Address

AVENTURA, FL 33180

City/State and Zip Code

CAROLINA@ALLIANCETE.COM

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

For further information concerning this matter, please call:

VALENTINA VALLEJO at (786-) 239-9236
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

ALLIANCE CORPORATE SOLUTIONS LLC
_____, hereby resigns as
Name of Registered Agent

Registered Agent for ITACA LONG JOURNEY LLC

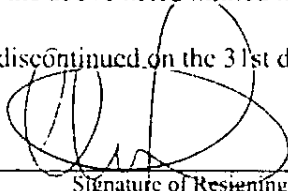
Name of Limited Liability Company

1.23000157866

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:

CAROLINA RODRIGUEZ

Typed or Printed Name

MANAGER

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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SECRETARY OF STATE
TALLAHASSEE, FL

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