

L23000169430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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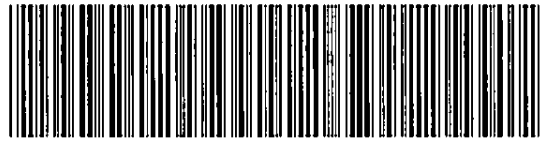
(Business Entity Name)

(Document Number)

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COVER LETTER.

TO: Registration Section
Division of Corporations

SUBJECT: EL JARDIN DE LOS SABORES LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CEASAR MESTRE JR., ESQ.

Name of Person

GASTESI, LOPEZ & MESTRE P.L.L.C.

Firm/Company

8105 NW 155 STREET

Address

MIAMI LAKES, FL 33016

City/State and Zip Code

MESTRE@GLMLEGAL.COM

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

For further information concerning this matter, please call:

CEASAR MESTRE JR., ESQ.

305

825-9988

at ()

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EL JARDIN DE LOS SABORES LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L23000169430

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:

CEASAR MESTRE JR., ESQ.

Name of Person

GASTESI, LOPEZ & MESTRE P.L.L.C.

Name of Firm/Company

8105 NW 155 STREET

Address

MIAMI LAKES, FL 33016

City/State and Zip Code

MESTRE@GLMLEGAL.COM

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

For further information concerning this matter, please call:

CEASAR MESTRE JR., ESQ.

Name of Person

at (305) 825-9988

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

ARISTIDES SUAREZ

, hereby resigns as

Name of Registered Agent

Registered Agent for EL JARDIN DE LOS SABORES LLC

Name of Limited Liability Company

L23000169430

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:

ARISTIDES SUAREZ

Typed or Printed Name

AMBR / MANAGER

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

FILED
2024 JUN 13 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA