

L24000170076



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

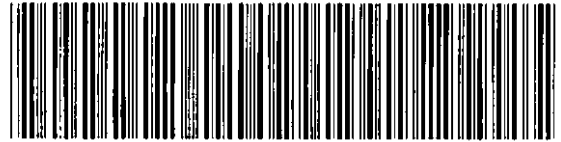
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 AUG 15 PM 2:34

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Labousana, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L24000170076

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:

Jaime Oscar Santana

Name of Person

Labousana, LLC

Name of Firm/Company

4468 NW 93RD CT

Address

DORAL, FL 33178

City/State and Zip Code

jos@propagas.do

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

For further information concerning this matter, please call:

Jaime Oscar Santana

Name of Person

at ( +1 )

Area Code

(809) 754-3660

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**Juan Diego Lavalle**

Name of Registered Agent

, hereby resigns as

Registered Agent for **Labousana, LLC**

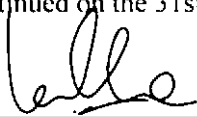
Name of Limited Liability Company

**L24000170076**

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

Capacity

2024 AUG 15 PM 2:34

## **FILING FEES:**

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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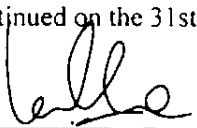
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