

L24000222385

VM

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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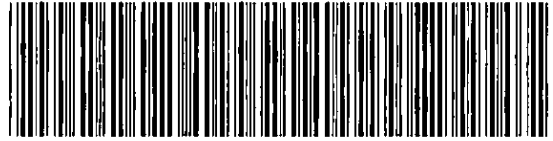
(Business Entity Name)

(Document Number)

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SOUTH FLORIDA STATE
MILWAUKEE, FL

Samuel D. Navon, P.A.

ATTORNEYS AT LAW

7805 S.W. 6th Court
Plantation, Florida 33324
Telephone (954) 380-8848
Telecopier (954) 358-3804
Writer's Direct E-Mail: snavon@navonlaw.com

Samuel D. Navon

September 14, 2024

VIA Regular Mail

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32311

Re: UMI BENEFITS, LLC, a Florida limited liability company
Document #: L24000222385

Dear Sir or Madam:

With regard to the above-named entity, enclosed please find Statement of Resignation of Registered Agent for a Limited Liability Company pursuant to the provisions of section 605.0115, F.S., together with this firm's trust account check in the amount of \$85, representing the filing fee.

Thank you for your assistance in this matter.

Very truly yours,

SAMUEL D. NAVON, P.A.

Samuel D. Navon

Enclosures

CC: William Cuervo, Manager

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UMI BENEFITS, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L24000222385

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:

Samuel D. Navon, Esq.

Name of Person

Samuel D. Navon, P.A.

Name of Firm/Company

7805 SW 6th Court

Address

Plantation, FL 33324

City/State and Zip Code

snavon@navonlaw.com

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

For further information concerning this matter, please call:

Samuel D. Navon, Esq.

Name of Person

at (954)
Area Code

380-8848

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Samuel D. Navon, Esq. _____, hereby resigns as

Name of Registered Agent

Registered Agent for UMI BENEFITS, LLC

Name of Limited Liability Company

L24000222385

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

Samuel D. Navon, Esq.

If signing on behalf of an entity:

Typed or Printed Name

Capacity

2024 SEP 23 PM 4:47
STATE
TALLAHASSEE, FL

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