

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000017253 3)))



H080000172533ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, P.A.
Account Number : 076624003440
Phone : (305) 444-6226
Fax Number : (305) 442-4829

FILED
08 JAN 22 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION

MUSA, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$96.25

93.75

Electronic Filing Menu

Corporate Filing Menu

Help

RA Resign

H08000017253 3
COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MUSA, LLC.

(Name of Limited Liability Company)

DOCUMENT NUMBER: M01000001826

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:

LAURA KOHN

(Name of Person)

ARAZOZA & FERNANDEZ-FRAGA, P.A.

(Name of Firm/Company)

2100 SALZEDO STREET, SUITE 300

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

LAURA KOHN

(Name of Person)

at (305) 4446226

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H08000017253 3

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

ARAZOZA & FERNANDEZ-FRAGA, P.A., hereby resigns as
(Name of Registered Agent)

Registered Agent for MUSA, LLC.

(Name of Limited Liability Company)

M01000001826

(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:

Carlos F. Arazoza

(Typed or Printed Name)

Managing Director

(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

INHS17 (08/05)

H08000017253 3

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JAN 22 PM 3:20

FILED