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16 JUN -6 AM 11:02

JUN 07 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAESTRO, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M17000001004

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:

NATALIA LOPEZ
Name of Person

MAESTRO, LLC
Name of Firm/Company

699 NE 86th Street #4
Address

Miami, FL 33130
City/State and Zip Code

info@maestrodiseplays.com
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NATALIA LOPEZ at 709 546 6263
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Natalia Londono

Name of Registered Agent

, hereby resigns as

Registered Agent for

MAESTRO, LLC

Name of Limited Liability Company

M1700000 1004

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.

Natalia Londono

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

16 JUN -6 AM 11:02

FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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withdrawn limited liability company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