

M160000001911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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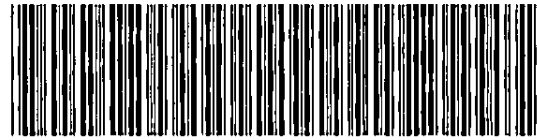
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

PRICE  
OCT 06 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TWELVE ENTERTAINMENT GROUP LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** M16000001911

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:

Alfredo Garcia- Menocal

Name of Person

Alfredo Garcia-Menocal, P.A.

Name of Firm/Company

4937 SW 74 Ct

Address

Miami, FL 33155

City/State and Zip Code

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

For further information concerning this matter, please call:

Melissa

at ( 305 ) 553-3464

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Alfredo Garcia-Menocal, P.A.

Name of Registered Agent

, hereby resigns as

Registered Agent for TWELVE ENTERTAINMENT GROUP LLC

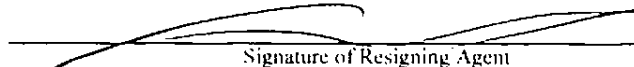
Name of Limited Liability Company

M16000001911

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:

Alfredo Garcia-Menocal

Typed or Printed Name

President

Capacity

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2010 OCT -1 AM 11:37  
DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

### **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**