

M2000006833

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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From:

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC REGISTERED AGENT RESIGNATION
LATRAILA LLC**

Certificate of Status	0
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Corporate Filing Menu

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AUG 26 2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LaTraila LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M20000006833

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:

Erika Easter
Name of Person

eResidentAgent, Inc.
Name of Firm/Company

228 Park Ave S, PMB 50845
Address

New York, NY 10003-1502
City/State and Zip Code

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

For further information concerning this matter, please call:

Erika Easter at (310) 820-1000
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

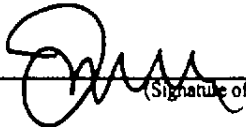
eResidentAgent, Inc., hereby resigns as
Name of Registered Agent

Registered Agent for LaTrailla LLC
Name of Limited Liability Company

M20000006833
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:

Jeffrey A Unger
Typed or Printed Name
President
Capacity

2025 JUN 23 AM 9:40

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