

P14000055165

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : E & F LATIN GROUP LLC
Account Number : I20160000049
Phone : (954)384-8565
Fax Number : (954)385-5175

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

Email Address: Office@eflatinaccounting.com

REGISTERED AGENT RESIGNATION QUINJAR CORP

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUINJAR CORP

Name of Limited Liability Company

DOCUMENT NUMBER: P14000055765

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:

DIEGO FIGUEROA

Name of Person

E & F LATIN GROUP, L.L.C.

Name of Firm/Company

1820 N CORPORATE LAKES BLVD SUITE 109

Address

WESTON, FL 33326

City/State and Zip Code

OFFICE@aefLATINACCOUNTING.COM

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

For further information concerning this matter, please call:

DIEGO FIGUEROA

954

384 8565

Name of Person

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

E&F LATIN GROUP LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for QUINJAR CORP

Name of Limited Liability Company

P14000055765

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]
Signature of Resigning Agent

If signing on behalf of an entity:

DIEGO FIGUEROA

Typed or Printed Name

REGISTERED AGENT

Capacity

FILED
MAY 29 AM 9:51
TALLAHASSEE, FL
OFF STATE

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