

P21 0000 60524

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : E & F LATIN GROUP LLC
Account Number : 120160000049
Phone : (954)384-8565
Fax Number : (954)302-4976

****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

FILED
2024 FEB 13 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FL

**REGISTERED AGENT RESIGNATION
ALIANCE PROFIT CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$87.50

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALIANCE PROFIT CORP
(Name of Corporation)

DOCUMENT NUMBER: P21000060526

The enclosed Resignation of Registered Agent for a Corporation 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 LLC

(Name of Firm/Company)

1820 N CORPORATE LAKES BLVD SUITE 109

(Address)

WESTON FL 33326

(City/State and Zip Code)

For further information concerning this matter, please call:

DIEGO FIGUEROA

(Name of Person)

at (954) 3848565
(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2024 FEB 13 AM 11:05
CLERK OF STATE
TALLAHASSEE, FL

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, ALIANCE PROFIT CORP

(Name of Registered Agent)

hereby resigns as Registered Agent for E & F LATIN GROUP LLC

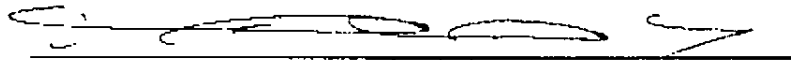
(Name of Corporation)

P21000060526

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

DIEGO FIGUEROA

(Typed or Printed Name)

AMBR - E & F LATIN GROUP LLC

(Capacity)

FILED
2024 FEB 13 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FL

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314