P21000077895

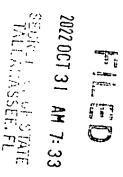
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	■ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





400396455164

10/81/22--01020--00? **95.00



COVER LETTER

DIEGO	O FIGUEROA at (Name of Person) (Area Co	3848565 de & Daytime Telephone Number)
For fu	orther information concerning this matter, please call	:
	(City/State and Zip Code)	
WEST	ON, FL 33326	
	(Address)	
1820 N	V CORPORATE LAKES BLVDSTE 109	
	(Name of Firm/Company)	
E&F L	ATIN GROUP LLC	
	(Name of Person)	
DIEGO	O FIGUEROA	
Please	e return all correspondence concerning this matter to	the following:
The c	nclosed Resignation of Registered Agent for a Corpo	oration and fee are submitted for filing
	JMENT NUMBER: P21000077895	
	(Name of Corpor	ation)
SUBJ	MEGACOMMERCE USA CORP	
	Division of Corporations	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

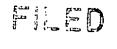
Mailing Address:

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION



2022 OCT 31 AM 7: 33

Pursuant to the pro-	SEURL: OF STATE visions of sections 607.0503(2), 617.0502(2), 607.1509, or 61741509; ASSEE, FL
Florida Statutes, the	undersigned. E&F LATIN GROUP LLC
	(Name of Registered Agent)
hereby resigns as R	egistered Agent for
	(Name of Corporation)
P21000077895	
(Document Nu	mber, if known)
A copy of this resig	nation was mailed to the above listed corporation at its last known address.
The agency is term: this statement is file	nated and the office discontinued on the 31st day after the date on which ed.
<u></u>	
_	(Signature of Resigning Agent)
If signing on behalf	of an entity:
_	Olego Franco (Typed or Printed Name)
	MANAGER
_	(Capacity)

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