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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

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

Email Address: Office (e) of bling occurting com

REGISTERED AGENT RESIGNATION LATAM DESIGN CLUB CORP

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Corporate Filing Menu

MAY 3,9,2824

TO: Registration Section

COVER LETTER

LATAM DESIGN CLUB CORP	
SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: P22000069959	
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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@EFLATINACCOUNTING.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 Area Code	384-8565 Daytime Telephone Number

finclosed 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	ions of section 605.0115	5, Florida Statutes, the unde	rsigned,			
	E	E&F LATIN GROUP LLC	, hereby resigns as			
	Name of Registered Ager		, ,			
Registered Agent for	LATAM DESIGN CLUB	CORP		 .		-
	Name of Lim	ited Liability Company			,	
P22000069959						
Document	Number, if known					
		ntinued on the 31st day afte				
If signing on behalf o	f an entity:				Ú.	3
	DIEGO FIGUEROA				<u>-</u> -	
	TERRED AGES	yped or Printed Name NT			西福州 29	<u>""</u>
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability or Administratively dissolve withdrawn limited liabili	ompany ed/voluntarily disse	OF STATE &	9 AM 11:21	

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