

201000013698

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)205-0380

From:  
Account Name : STEVEN CARLYLE CRONIG & ASSOCIATES, P.A.  
Account Number : I19980000095  
Phone : (305)444-6300  
Fax Number : (305)444-6334

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DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA  
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REGISTERED AGENT RESIGNATION

MATILDA USA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MATILDA USA, LLC.  
(Name of Corporation)

**DOCUMENT NUMBER:** LO1000013698

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:

Steven C. Cronig, Esquire  
(Name of Person)

Steven Carlyle Cronig & Associates, P.A.  
(Name of Firm/Company)

3250 Mary Street, Suite 307  
(Address)

Coconut Grove, Florida 33133  
(City/State and Zip Code)

For further information concerning this matter, please call:

Steven C. Cronig, Esquire at ( 305 ) 444-6300  
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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  
409 E. Gaines Street  
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

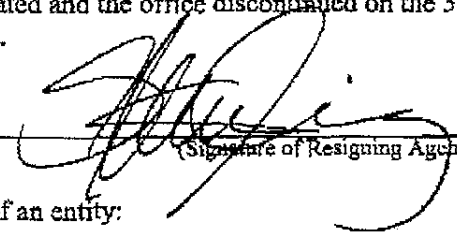
Florida Statutes, the undersigned, Steven C. Cronig  
(Name of Registered Agent)

hereby resigns as Registered Agent for Matilda USA, LLC.  
(Name of Corporation)

L01000013698  
(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:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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**