

L11000139284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

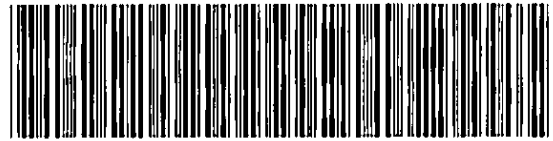
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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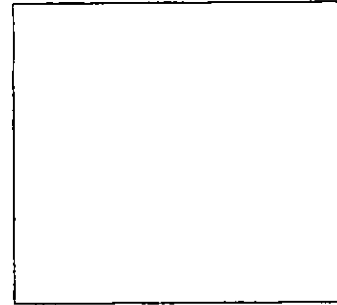
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JUL 18 2018

FLORIDA RESEARCH & FILING SERVICES, INC.
1211 CIRCLE DRIVE
TALLAHASSEE, FL 32301
PHONE (850)364-8000



ACCT# FCA000000025

WALK-IN

ENTITY NAME:

1. **PROMOTING SALES, LLC** – L12000087961
2. **PROMOTING LOGISTICS, LLC** – L11000103264
3. **PROMOTING DSD, LLC** - 111000139284

XXX – File Resignation of Registered Agent for an inactive LLC – Plain Copy
back

Check number 828 for \$75.00 attached.

2017 JUN 17 PM 4:03
Filing Office
Tallahassee, FL

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Atrium Registered Agents, Inc. _____, hereby resigns as

Name of Registered Agent

Registered Agent for Promoting DSD, LLC

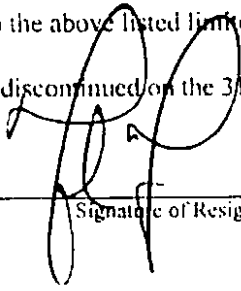
Name of Limited Liability Company

L11000139284

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 of Resigning Agent

If signing on behalf of an entity:

Felipe Frías

Typed or Printed Name

VICE-PRESIDENT

Capacity

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withdrawn limited liability company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

FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2018 JUL 17 PM 1:27