

L12000087961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

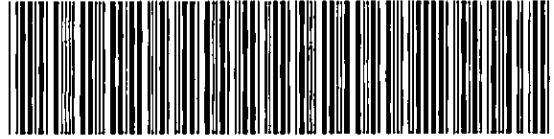
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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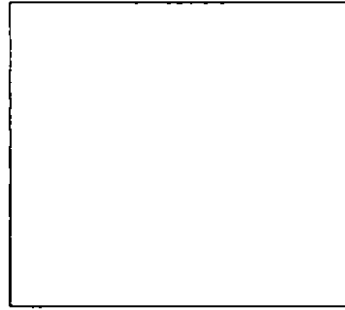
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FLORIDA RESEARCH & FILING SERVICES, INC,  
1211 CIRCLE DRIVE  
TALLAHASSEE, FL 32301  
PHONE (850)364-8000



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.

2019 JUL 17 PM 4:03  
FLORIDA RESEARCH & FILING SERVICES, INC.

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

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

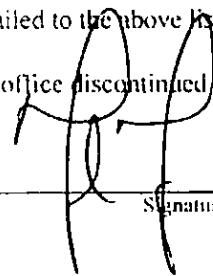
Atrium Registered Agents, Inc. , hereby resigns as  
Name of Registered Agent

Registered Agent for Promoting Sales, LLC  
Name of Limited Liability Company

L12000087961  
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withdrawn limited liability company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

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FILED