

L14000004786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

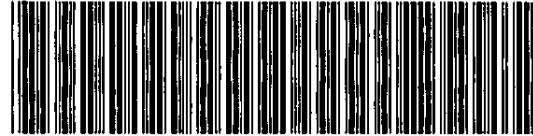
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/03/14--01039--020 **85.00

STATE OF CALIFORNIA
DEPARTMENT OF REVENUE
MAR 03 2014 10:39 AM

J. Silvers MAR 04 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: chuchu brickell, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

roy silva
(Contact Person)

americana ltd
(Firm/Company)

2221 ne 164 st, #371
(Address)

north miami beach, fl 33160
(City/State and Zip Code)

For further information concerning this matter, please call:

roy silva at (786) 955-8756
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

cristina lowndes

Name of Registered Agent

, hereby resigns as

Registered Agent for **chuchu brickell, LLC**

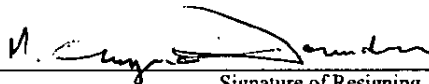
Name of Limited Liability Company

L14000004786

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:

Typed or Printed Name

Capacity

FILED
MAR 23 2017
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT

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**