

L15000091319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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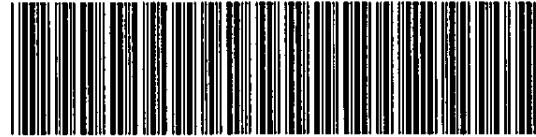
(Business Entity Name)

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DIVISION OF CORPORATIONS

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OCT 13 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anita Gonzalez Hiles, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000091319

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aimee Rivera Rafael

Name of Person

Aim One Consulting, LLC

Name of Firm/Company

13279 Ocean Mist Dr

Address

Jacksonville, FL 32258

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aimee Rivera Rafael

Name of Person

at (

904

Area Code

343-8811

Daytime Telephone Number

Enclosed 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Aim One Consulting, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for Anita Gonzalez Hiles, LLC

Name of Limited Liability Company

L15000091319

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:

Aimee Rivera Rafael

Typed or Printed Name

Manager/Owner

Capacity

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DIVISION OF CORPORATIONS

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