

L16000206933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

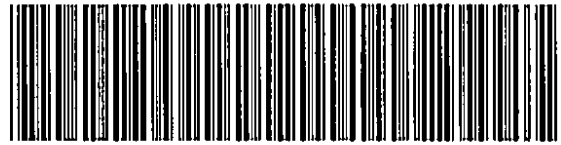
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GONIX DISTRIBUTION COMPANY LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000206933

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:

Monica Mayer
Name of Person

Amitie USA Corp
Name of Firm/Company

907 Stanton Dr
Address

Weston, FL 33326
City/State and Zip Code

mmayer@amitieusa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica Mayer at (954) 937-5843
Name of Person Area Code 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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.

AMITIE USA CORP _____, hereby resigns as

Name of Registered Agent

Registered Agent for GONIX DISTRIBUTION COMPANY LLC

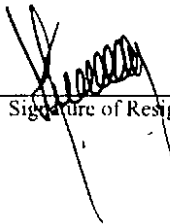
Name of Limited Liability Company

L16000206933

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:

Monica Mayer

Typed or Printed Name

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