

121000280186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

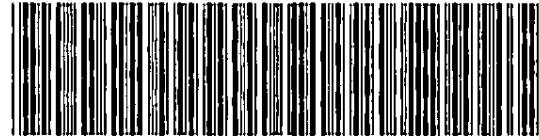
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2022 SEP - 7 PM 4: 29
SEP 7 2022
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 SEP -7 PM 2:34

2022
SEP
7

August 23, 2022

FEINANDO FRANCO
FRANCO LAW FIRM, PA
268 ALHAMBRA CIR 2ND FLOOR
CORAL GABLES, FL 33139

SUBJECT: OPTIMUS INTERLOGISTICS, LLC
Ref. Number: L21000280186

We have received your document for OPTIMUS INTERLOGISTICS, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 422A00018790

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPTIMUS INTERLOGISTICS, LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: L21000280186

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:

Fernando Franco
Name of Person

Franco Law Firm, PA
Name of Firm/Company

268 Alhambra Cir, 2nd Floor
Address

Coral Gables FL 33134
City/State and Zip Code

Franco@FrancoLawFirm.pa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fernando Franco at (786) 291 5321
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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

FRANCO Law Firm, P.A.

Name of Registered Agent

, hereby resigns as

Registered Agent for

OPTIMUS INTERLOGISTICS, LLC.

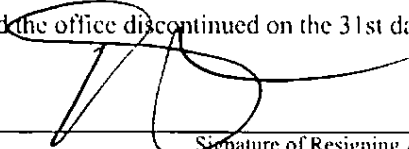
Name of Limited Liability Company

L21000280186

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
2022 SEP - 7 PM 4: 29
STATE OF FLORIDA
TALLAHASSEE, FL

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**