

L98000002059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

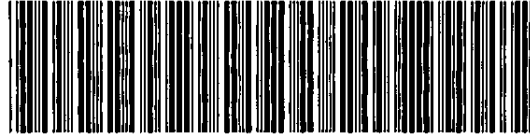
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 OCT 13 PM 2:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

OCT 14 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAN AMERICAN-CARDEL GROUP, L.C.

Name of Limited Liability Company

DOCUMENT NUMBER: L98000002059

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:

VIVIAN WILLIAMS

Name of Person

DADE CORPORATE SERVICES INC

Name of Firm/Company

2300 CORAL WAY

Address

MIAMI, FLORIDA 33145

City/State and Zip Code

VIVIAN@CANTERATAX.COM

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

For further information concerning this matter, please call:

VIVIAN WILLIAMS

Name of Person

at (305) 856-0056

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

DADE CORPORATE SERVICES INC

, hereby resigns as

Name of Registered Agent

Registered Agent for PAN AMERICAN-CARDEL GROUP, L.C.

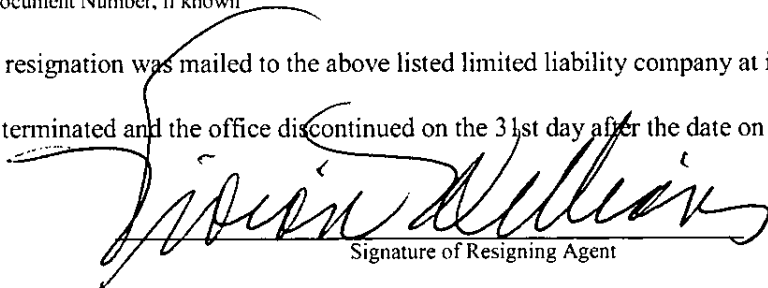
Name of Limited Liability Company

L98000002059

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:

VIVIAN WILLIAMS

Typed or Printed Name

PRESIDENT

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved
withdrawn limited liability company

FILED
2015 OCT 13 PM 2:25
STATE DEPT OF STATE
TALLAHASSEE FLORIDA

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314