

216000134442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

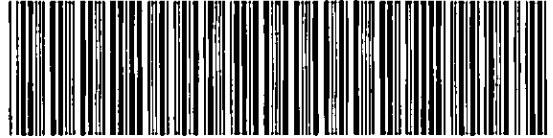
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**AZUCAR COLLECTION L.L.C.**

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

L16000134442

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

MelodyE. Cobbe, Esq.

\_\_\_\_\_  
Name of Person

Cobbe Law

\_\_\_\_\_  
Name of Firm/Company

980 North Federal Highway, Suite 110

\_\_\_\_\_  
Address

Boca Raton, FL 33432

\_\_\_\_\_  
City/State and Zip Code

activeingredients@gmail.com

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

For further information concerning this matter, please call:

Melody Cobbe

561

922-9661

\_\_\_\_\_  
Name of Person at ( \_\_\_\_\_ ) \_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Cobbe Law

\_\_\_\_\_ , hereby resigns as

Name of Registered Agent

**AZUCAR COLLECTION L.L.C.**

Registered Agent for \_\_\_\_\_

\_\_\_\_\_  
Name of Limited Liability Company

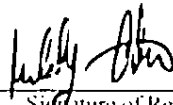
**L16000134442**

\_\_\_\_\_  
Document Number, if known

FILED  
OCT 18 PM 6:16  
18

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:

**Melody Cobbe**

\_\_\_\_\_  
Typed or Printed Name

**MGR of Cobbe Law**

\_\_\_\_\_  
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**