

403000002863

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 3, 2017

JAVIER QUINONES  
13540 SW 105 AVE  
MIAMI, FL 33176

SUBJECT: FAM, LLC  
Ref. Number: L03000002863

We have received your document for FAM, 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 FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux  
Regulatory Specialist

Letter Number: 617A00019926

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FAM LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L03000002863

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:

JAVIER QUINONES  
Name of Person

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

13540 SW 105 AVE  
Address

MIAMI, FL 33176  
City/State and Zip Code

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

For further information concerning this matter, please call:

JAVIER QUINONES at (786) 681-0808  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TALLAHASSEE, FLORIDA

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

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

JAVIER QUINONES

Name of Registered Agent

, hereby resigns as

Registered Agent for

FAM LLC

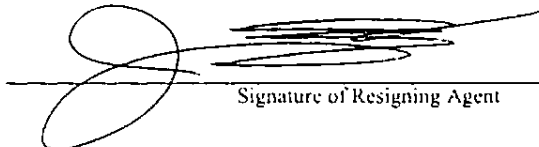
Name of Limited Liability Company

LC03000002863

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

## 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

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11-16-2011 BY 60322

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