

L04000070751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

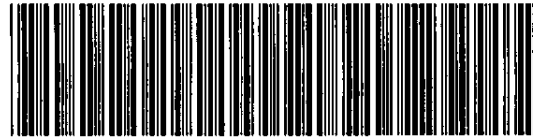
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

S Warren

FEB 24 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 15, 2017

MARIA E. MARTINEZ  
2121 PONCE DE LEON BLVD., SUITE 1050  
CORAL GABLES, FL 33134

SUBJECT: SALES - BUY TOUCH, LLC  
Ref. Number: L04000070751

We have received your document for SALES - BUY TOUCH, LLC and your check(s) totaling \$35.00. 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 - INC, but your entity is a LIMITED LIABILITY COMPANY - 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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 917A00002984

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sales -Buy Touch, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L04000070751

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:

Maria E. Martinez

Name of Person

A & E Garcia, PA

Name of Firm/Company

2121 Ponce de Leon Blvd. Suite 1050

Address

Coral Gables, FL 33134

City/State and Zip Code

Mariae@aegarci.com

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

For further information concerning this matter, please call:

Maria E. Martinez

Name of Person

at (305)

Area Code

444-2213

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Consulting Services of South Florida, Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for Sales-Buy Touch, LLC

Name of Limited Liability Company

L04000070751

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:

Antonio Garcia

Typed or Printed Name

President

Capacity

FILED  
MAR 23 PM 11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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