LB0063276

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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15 AUG -6 PM 4: 50
SECRETARY OF STATE
TALL MINESSEE FROM 1: 50

AUG 2 5 2015 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

15 AUG 26 PM 2: 52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 13, 2015

PINA YADONISI 15800 PINES BLVD STE 331 PEMBROKE PINES, FL 33027

SUBJECT: COMPUTICO INTERNATIONAL, LLC.

Ref. Number: L05000068276

We have received your document for COMPUTICO INTERNATIONAL, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 815A00017098

15 AUG -6 PH.4: 50

COVER LETTER

SUBJECT: COMPUTICO INTERNATIONAL LLC Name of Limited Liability Company		
DOCUMENT NUMBER: <u>L 050000 68 276</u>		
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:		
PINA JADONISA Name of Person	•	
CASYA BUSINESS SOLUTIONS CORP. Name of Firm/Company		
15800 PINES BLVD #331 Address		
PEMBROKE PINES, FL 33007 City/State and Zip Code	1	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
PINA YADONISI at (954) 3625194 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.01	15, Florida Statutes, the undersigned,
YINA YADO	N/S1 hereby resigns as
Name of Registered Age	
Registered Agent for COMPUTI	1.CO INTERNATIONAL LLC
Name of Lin	mited Liability Company
L 05000068276 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 disc	ontinued on the 31st day after the date on which this statement is filed.
If signing on behalf of an entity:	Signature of Resigning Agent INA ADONISA Typed or Printed Name
FILING \$ 85.00 \$ 25.00	Capacity GFEES: Active limited liability company 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