4060000048444

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	÷#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nam	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





700075665687

06/05/06--01038--016 **85.00

06 JUN -5 PH 12: 16
SECRETARY OF STATE
ANASSIE, FLORID

RA Res.

TRANSMITTAL LETTER

SUBJECT: I	nternational Liaison, LLC.		
50D0Ec1	(Name of Limited	d Liability Company)	
DOCUMENT	NUMBER: L06000048444		
The enclosed R for filing.	esignation of Registered Agent for a	a Limited Liability Company and fee are sub	mitted
Please return al	l correspondence concerning this ma	atter to the following:	
Luis Navia			
	(Name of Person)	 	
International			
	(Name of Firm/Company)		
260 Crandon	Blvd. Ste. 32 # 207		
	(Address)		
Key Biscayne	e, FL. 33149		
	(City/State and Zip Code)		
For further info	rmation concerning this matter, pleas	ase call:	
		786 314 - 1993 A:SCOANCE (Area Code & Daytime Telephone Number)	<u>Q</u>
Luis Navia	at (786 314 - 1993	
	(Name of Person) (A	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section

TO:

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

INHS17(11/02)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.41	6(2) or 608.509, Florida Statutes, the under	ersigned,
Robert Rojas, Esq.	, hereby res	igns as
(Name of Registered A	gent)	
Registered Agent forInternational Liais	son, LLC.	
(Name of L	imited Liability Company)	
L06000048444		
(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	continued on the 31st day after the date on mature of Resigning Agent)	which this statement is filed.
If signing on behalf of an entity:		TALL.
	(Typed or Printed Name)	AR SE
		ASS -5
	(Capacity)	Ro R M
FILINC \$ 85.00	G FEES: Active limited liability company	DIZ: 16 STATE
\$ 25.00		ily dissolved/

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