L06000077441

(Re	equestor's Name)	 	
(Ad	ddress)		
(Ad	ddress)		
(Ci	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(В	usiness Entity Name	e) .	
(Document Number)			
Certified Copies	Certificates o	of Status	
Special Instructions to Filing Officer:			
;			

Office Use Only



400104216064

06/14/07--01012--010 **85.00

RA Resup

SECRETARY OF STATE ALLAHASSEE, FLORIDA

דורבט

T. Roberts JUN 1 9 200

TRANSMITTAL LETTER

PO: Amendment Section Division of Corporations
SUBJECT: FOREST INVESTMENT, LLC
(Name of Limited Liability Company)
DOCUMENT NUMBER: L06000077441
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:
Santiago J. Padilla, Esq.
(Name of Person)
Law Offices of Santiago J. Padilla, P.A.
(Name of Firm/Company)
1001 Brickell Bay Drive, Suite 1704
(Address)
Miami, Florida 33131
(City/State and Zip Code)
For further information concerning this matter, please call:
Santiago J. Padilla, Esq. at (305) 358-1949 (Name of Person) (Area Code & Daytime Telephone Number)
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limite liability company.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 provis	ions of section 608.416(2) or 608.509, Florida Statutes, the	e undersigned,
CARLOS IMAZIO		by resigns as
	(Name of Registered Agent)	35 F
Registered Agent for	FOREST INVESTMENTS, LLC	EE OF
		FLORI
	(Name of Limited Liability Company)	TE O
L06000077441	•	
(Document Number, if known)		:
A copy of this resigna	tion was mailed to the above listed limited liability compa	nny at its last known address.
	(Signature of Resigning Agent)	ate on which this statement is filed.
If signing on behalf or		· · · · · · · · · · · · · · · · · · ·
	(Typed or Printed Name)	<u></u>
	(Capacity)	•

FILING \$ 85.00 \$ 25.00

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withdrawn limited liability company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