

LO7000022173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

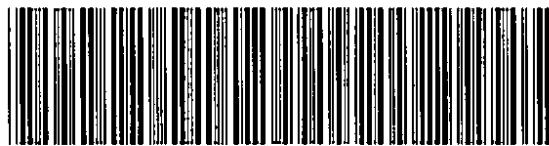
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

K. SALY  
DEC 13 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WORLDWIDE HOSPITALITY SUPPLY COMPANY, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L07000022173

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:

Jose Gonzalo

Name of Person

WORLDWIDE HOSPITALITY SUPPLY COMPANY, L

Name of Firm/Company

8466 NW 72nd Street

Address

Miami, FL 33166

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at ( )

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

Andrea Millan

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for WORLDWIDE HOSPITALITY SUPPLY COMPANY, LLC


\_\_\_\_\_  
Name of Limited Liability Company

L07000022173

\_\_\_\_\_  
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**

FILED  
2017 DEC 11 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA