

LOS000059862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900301752869

09/01/17--01016--027 \*\*25.00

DIVISION OF CORPORATIONS

17 SEP - 1 PM 2:35

FILED

Q SIMMONS  
SEP 05 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Conve AVS - Vega Mesa, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L08000059862

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:

Melinda Ramirez  
Name of Person

Conve AVS  
Name of Firm/Company

10691 W Kendall Drive # 304  
Address

Miami, FL 33176  
City/State and Zip Code

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

For further information concerning this matter, please call:

Melinda Ramirez at ( 305 ) 412-9828  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
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,

Micrielle Ramirez

Name of Registered Agent

, hereby resigns as

Registered Agent for

Conve AVS - Vega Mesa, LLC

Name of Limited Liability Company

L08000059862

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]

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED  
17 SEP - 1 PM 2:35  
DIVISION OF CORPORATIONS

### **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\$ 25.00	Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company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