

LC90000030329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW AGE REPROGRAPHICS, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L09000030329

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:

ALEXANDER PRIETO

Name of Person

NEW AGE REPROGRAPHICS, LLC

Name of Firm/Company

3642 W. KENNEDY BLVD.

Address

TAMPA, FL 33609

City/State and Zip Code

ALEX.PRIETO@NEWAGEREPRO.COM

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

For further information concerning this matter, please call:

ALEXANDER PRIETO

Name of Person

at (813) 300-8977

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

MARIANA SOLIMAN

Name of Registered Agent

Registered Agent for

NEW AGE REPROGRAPHICS, LLC

Name of Limited Liability Company

L09000030329

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.

SEE DOCUMENT ATTACHED

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

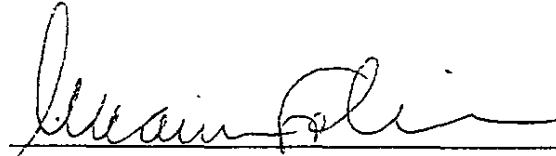
Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
STATE OF FLORIDA
14 JUL -3 PM 2:16

COPY

RESIGNATION OF OFFICER AND MANAGER
OF NEW AGE REPROGRAPHICS, LLC

I, MARIANA SOLIMAN, HEREBY resign all offices held by me in New Age
Reprographics, LLC, a Florida limited liability company, and as a Manager of said company,
effective June 11, 2014.



MARIANA SOLIMAN