

LO9000089891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

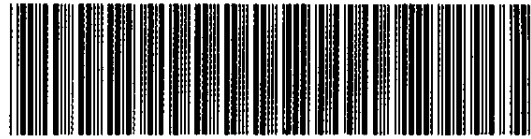
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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600190007896

Resignation
of RA

600190007896
01/10/11--01035--003 **85.00

FILED
2011 JAN 10 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AOR
1/12/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Royal Chilean Import Company, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000089891

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:

Scott Grupp
Name of Person

N/A
Name of Firm/Company

300 Laurel Springs Drive, #317
Address

Durham, NC
City/State and Zip Code

scottgrupp@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Grupp at (919) 697-6696
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned

Scott Grupp

Name of Registered Agent

, hereby resigns as

Registered Agent for Royal Chilean Import Company, LLC

Name of Limited Liability Company

L09000089891

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

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