

Division of Corporations

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Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : RAUL VALDES-FAULL, P.A.
Account Number : 120180000021
Phone : (786) 907-5083
Fax Number : (786) 907-4006

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: vlagana@rvf-law.com

LLC REGISTERED AGENT RESIGNATION
SPLENDOR USA, LLC

Certificate of Status	0
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MAY 25 2018

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPLENDOR USA, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000034748

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:

VANESSA LAGANA
Name of Person

RAUL VALDES-FAULI, P.A.
Name of Firm/Company

355 ALHAMBRA CIRCLE, SUITE 1205
Address

CORAL GABLES, FL 33134
City/State and Zip Code

VLAGANA@RVF-LAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VANESSA LAGANA at 786 502-2646
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

RAUL J. VALDES-FAULI

, hereby resigns as

Name of Registered Agent

Registered Agent for **SPLENDOR USA, LLC**

Name of Limited Liability Company

L10000034748

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

INHS17 (2/14)

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FILED
18 MAY 24 AM 11:29
TALLAHASSEE, FL
DIVISION OF CORPORATIONS