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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : AVILA RODRIGUEZ HERNANDEZ MENA & FERRI LLP
Account Number : 120070000136
Phone : (305) 779-3564
Fax Number : (305) 779-3561

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

Email Address: asanz@arhmf.comLLC REGISTERED AGENT RESIGNATION
DYNAFLOW LLC

Certificate of Status	0
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dyna Flow, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000109101

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:

Ana Sanz
Name of Person

Interamerican Corporate Services, LLC
Name of Firm/Company

2525 Ponce de Leon Blvd. Suite 1225
Address

Coral Gables, FL 33134
City/State and Zip Code

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

For further information concerning this matter, please call:

Ana Sanz at (305) 779-3560
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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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,

Interamerican Corporate Services, LLC, hereby resigns as
Name of Registered Agent

Registered Agent for Dyna Flow, LLC

Name of Limited Liability Company

L10000109101

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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