

L10000122094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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14 JUN 13 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

C. LEWIS  
JUN 16 2014  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 19, 2014

CARLOS CASTRO / CASTRO & RAMIREZ, LLC  
1805 PONCE DE LEON BLVD  
SUITE 500  
CORAL GABLES, FL 33134 US

SUBJECT: OPTIMUS US 941 N.E. 169TH ST. I, L.L.C.  
Ref. Number: L10000122094

We have received your document for OPTIMUS US 941 N.E. 169TH ST. I, L.L.C. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 714A00010778

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OPTIMUS US 941 N.E. 169 STREET I, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000122094

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:

CARLOS ALBERTO CASTRO  
Name of Person

CASTRO & RAMIREZ, LLC  
Name of Firm/Company

1805 Ponce de Leon Blvd. Suite 500  
Address

Coral Gables, FL 33134  
City/State and Zip Code

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

CARLOS CASTRO

Name of Registered Agent

, hereby resigns as

Registered Agent for OPTIMUS VS 941 N.E. 169 STREET I, LLC

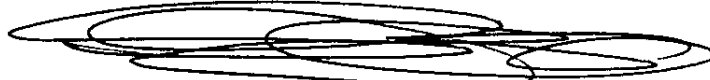
Name of Limited Liability Company

L10000122094

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:

CARLOS A. CASTRO

Typed or Printed Name

Registered Agent

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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