

L10000122095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

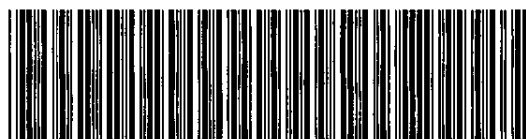
(Business Entity Name)

(Document Number)

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AND
FILED

14 JUN 13 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 4550 N.W. 9TH ST., L.L.C.
Ref. Number: L10000122095

We have received your document for OPTIMUS US 4550 N.W. 9TH ST., 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(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: 814A00010773

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPTIMUS US 4550 N.W. 9th ST., LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000122095

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 US 4550 N.W. 9th St., LLC

Name of Limited Liability Company

L10000122095

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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