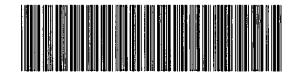
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2016 NOV -7 PM 5: 2 SECRETARY OF STATE

K. SALY NOV - 8 2016

COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT:	FRoid UZ Name of Limited Liability Company
DOCUMENT NUMBER:	L 10000 123529
The enclosed Resignation of Regist for filing.	tered Agent for a Limited Liability Company and fee are submitted
Please return all correspondence co	oncerning this matter to the following:
NASIELSEY MA	HRICIO
Flor9 Name of Firm/Co	impany
1701 col	LINS AVE
SUNTY ISLES BON City/State and Zig	, FL 33160 p Code
E-mail address: (to be used for futur	e annual report notification)
For further information concerning	this matter, please call:
M. 60 180 Name of Person	at (<u>305</u>) <u>998-8366</u> Area Code Daytime Telephone Number
Enclosed is a check made payable liability company or \$25.00 for an liability company.	to the Florida Department of State for \$85.00 for an active limited administratively dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

ùO				77 77	_
			, hereby resigns as		, \
ne of Registered				4	<u>\$</u>
<u>FROID</u>	llc_				ره. د
				RETER	***
Name of	Limited Liability C	ompany			
7 6 7 0					
3 5 29					
SSCY , if known					
, if known	he above listed li	imited liability	company at its last	t known address.	
, if known	he above listed li	imited liability	company at its last	t known address.	
, if known				t known address. h this statement is filed	d.
, if known	iscontinued on th	e 31st day afte			i.
, if known	iscontinued on th	e 31st day afte			d.
, if known	iscontinued on th				d.
, if known as mailed to t d the office d	iscontinued on th	e 31st day afte			d.
, if known	iscontinued on th	e 31st day afte			d.
E	Name of	Name of Limited Liability Co	Name of Limited Liability Company	Name of Limited Liability Company	Name of Limited Liability Company

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