

L110000004541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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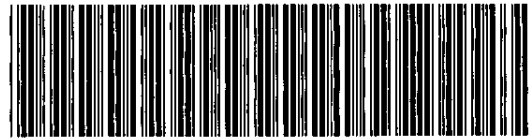
(Business Entity Name)

(Document Number)

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B. BOSTICK

JAN 17 2012

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Park LATAM, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L11000064541

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:

Kerinaldo Martins

Name of Person

Name of Firm/Company

4114 Santa Maria

Address

Coral Gables, FL 33146

City/State and Zip Code

kerginaldomartins@gmail.com

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

For further information concerning this matter, please call:

Kerginaldo Martins

Name of Person

at ( 786 )

239-3465

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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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,

Capvesco, Inc

Name of Registered Agent

, hereby resigns as

Registered Agent for Park LATAM, LLC

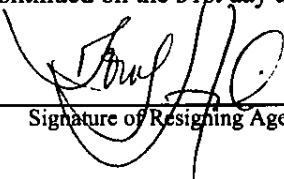
Name of Limited Liability Company

L11000064541

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:

Anthony S. Hussain

Typed or Printed Name

President

Capacity

## **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314