

L11000089508

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

NOV 29 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RESIGNATION OF REGISTERED AGENT
Name of Limited Liability Company

DOCUMENT NUMBER: L11000089508

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:

STEVE JACOB JAMESON
Name of Person

FUN RUM FOODS LLC
Name of Firm/Company

1060 BRICKELL AVE, SUITE 2811
Address

MIAMI, FL. 33131
City/State and Zip Code

UNIVERSALPRO2010@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ULRIC AUGUSTIN at (718) 200 6514
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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,

STEVE JACOB JAMESON

Name of Registered Agent

, hereby resigns as

Registered Agent for FUN RUM FOODS LLC

Name of Limited Liability Company

L11000089508

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.

Steve Jameson

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withdrawn limited liability company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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