

L110000138382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

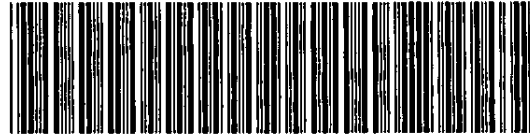
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TALLAHASSEE, FLORIDA

✓
COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT:

Worldvest LLC
Name of Limited Liability Company

DOCUMENT NUMBER:

L11000138382

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:

ALICE MARIA DE SOUZA
Name of Person

WORLDVEST LLC
Name of Firm/Company

5 SNIPE ROAD
Address

KEY LARGO FL 33037
City/State and Zip Code

ALICEDESOUZA62@VAH00.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALICE DE SOUZA at (305) 333 4201
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2019 APR 16 PM 3:10
TALLAHASSEE, FL
FLORIDA DEPARTMENT OF STATE

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,

For Sale & Rent Realty

Name of Registered Agent

, hereby resigns as

Registered Agent for

Worldvest LLC

Name of Limited Liability Company

L11000138382

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:

SUSANA LAY

Typed or Printed Name

President

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withdrawn limited liability company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

RECEIVED
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

SEP 16 PM 1:18

FILED