

L12000001851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

OCT 18 2012

EXAMINER



000240795760

10/17/12--01029--014 **85.00

FILED
12 OCT 17 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ATREVETE Y TRIUNFA TV HOLDING COMPANY, L.L.C.

Name of Limited Liability Company

DOCUMENT NUMBER: L12000001851

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:

GERMAN GONZALEZ

Name of Person

ATREVETE Y TRIUNFA HOLDING COMPANY, L.L.C.

Name of Firm/Company

3000 S.W. THIRD AVENUE, UNIT 1001

Address

CORAL GABLES, FLORIDA 33134-6044

City/State and Zip Code

german@atreveteytriunfa.tv

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

For further information concerning this matter, please call:

GERMAN GONZALEZ

Name of Person

at (786)

399-8859

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

M.A. HUEY, P.A.

Name of Registered Agent

, hereby resigns as

Registered Agent for ATREVETE Y TRIUNFA TV HOLDING COMPANY, L.L.C.

Name of Limited Liability Company

L12000001851

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.

Mary Ann Huey
Signature of Resigning Agent

If signing on behalf of an entity:

MARY ANN HUEY

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

12 OCT 17 PM 1:47

FILED

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