

L120000010644

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C.M.  
7/30/14

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WORLDWIDE EQUIPMENT SOLUTIONS LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000010644

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:

JUAN VILLADA

Name of Person

WORLDWIDE EQUIPMENT SOLUTIONS LLC

Name of Firm/Company

6033 SW 152ND COURT

Address

MIAMI, FLORIDA 33193

City/State and Zip Code

WEQUIPMENTSAD@GMAIL.COM

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

For further information concerning this matter, please call:

JUAN VILLADA

Name of Person

at ( 305 ) 677-3501  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF STATE

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**FABIO CORREA**

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for **WORLDWIDE EQUIPMENT SOLUTIONS LLC**

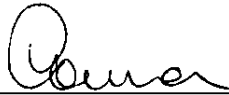
\_\_\_\_\_  
Name of Limited Liability Company

**L12000010644**

\_\_\_\_\_  
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:

**FABIO CORREA**

\_\_\_\_\_  
Typed or Printed Name

**MGRM**

\_\_\_\_\_  
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

**FILED**  
14 JUL 14 AM 9:09  
TALLAHASSEE FLORIDA  
FLORIDA DEPARTMENT OF STATE