

L12000032061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

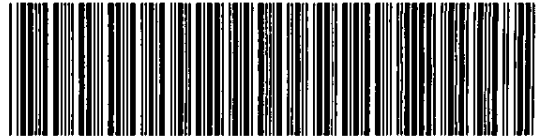
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600224852746

03/19/12--01051--006 **85.00

FILED
12 MAR 19 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 20 2012

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Distribuidora FILE MEDIC 2021 C.A. LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000022061

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:

Alfredo Rios
Name of Person

Name of Firm/Company

11224 NW 74 TERRACE
Address

DORAL, FL 33178
City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
12 MAR 19 AM 11:09
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,

Chalbaud, Julio A

Name of Registered Agent

, hereby resigns as

Registered Agent for Distribuidora FILE MEDIC 2021 C.A. LLC

Name of Limited Liability Company

L12000022061

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:

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

INHS17 (08/05)

FILED
12 MAR 19 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA