

U12 000028017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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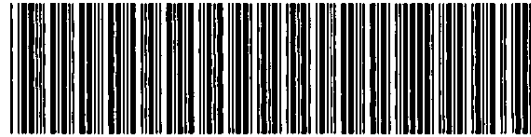
(Business Entity Name)

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EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Quality Produce USA LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L 120000 28017

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:

Mario Sepulveda
Name of Person

Quality Produce USA LLC
Name of Firm/Company

1336 NW 84th Ave
Address

Doral FL 33126
City/State and Zip Code

mario@qualitystaffinggroup.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mario Sepulveda at (786) 443 4785
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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,

Gustavo Nawusse

Name of Registered Agent

, hereby resigns as

Registered Agent for

Quality Produce USA LLC

Name of Limited Liability Company

L 12000028017

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 the resignation is filed.

X 

Signature of Resigning Agent

If signing on behalf of an entity:

Gustavo Nawusse

Typed or Printed Name

Member/Manager/Registered Agent

Capacity

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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