

L12000075119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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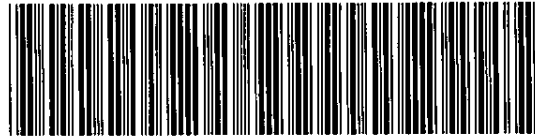
(Business Entity Name)

(Document Number)

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TAMM, ALBERTA

M. MILLIGAN
EXAMINER

JUL -1 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOOS FLORIDA TRADERS LLC

Name of Limited Liability Company

DOCUMENT NUMBER: 12000075119

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:

Osvaldo Juan Israel Silicaro

Name of Person

Estudio Silicaro

Name of Firm/Company

Calle 10 Nro. 969 entre 51 y 53

Address

La Plata / Buenos Aires / 1900

City/State and Zip Code

osvaldos@infovia.com.ar

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

For further information concerning this matter, please call:

Osvaldo Juan Israel Silicaro

Name of Person

at (+11549) 2214816638

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

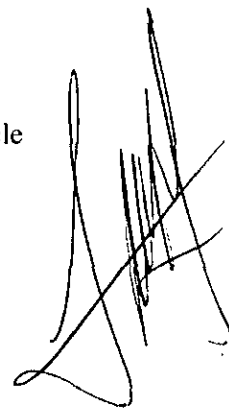
MAILING ADDRESS:

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

INHS17 (2/14)



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Oswaldo Juan Israel Silicaro

, hereby resigns as

Name of Registered Agent

Registered Agent for SOOS FLORIDA TRADERS LLC

Name of Limited Liability Company

L12000075119

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

FILED
15 JUN 30 4 11:05
TALLAHASSEE, FLORIDA
SECRETARY OF STATE