

L12000111045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

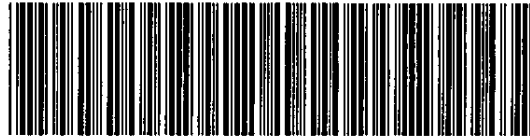
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 APR -8 PM 4: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 10 2015
T. LEMIEUX
14 Apr 15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POINTE TIBET TRADING LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 61200011045

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:

ROSHAN DHARIA
Name of Person

Name of Firm/Company

1815 Purdy Ave
Address

MIAMI BEACH, FL 33139

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

For further information concerning this matter, please call:

Roshan Dharua at (212) 271 884
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

ROSHAN DHARIA

Name of Registered Agent

, hereby resigns as

Registered Agent for

POINTE TIBET TRADING LLC

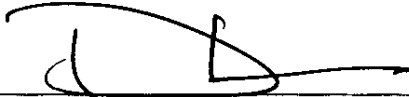
Name of Limited Liability Company

L1200011045

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

FILED
15 APR -8 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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