

L12 000119003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

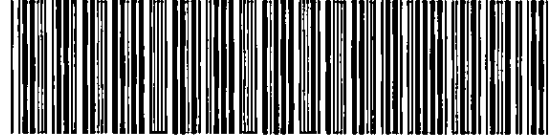
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700301343507

07/18/17--01023--025 \*\*85.00

FILED  
2017 JUL 18 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
JUL 21 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: America's Naturals, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: LI 2000119003

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:

Luis Goldner  
Name of Person

Lulemo I, Inc., MGR  
Name of Firm/Company

3800 Galt Ocean Dr. #611  
Address

Fort Lauderdale, FL 33308  
City/State and Zip Code

lcgoldner@aloba.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

The Halle Law Firm, P.A., hereby resigns as  
Name of Registered Agent

Registered Agent for America's Naturals, LLC

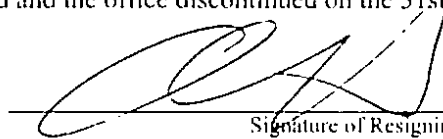
Name of Limited Liability Company

L12000119003

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:

April I. Halle  
Typed or Printed Name

President, The Halle Law Firm, P.A.  
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  
2017 JUL 18 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA