L12000119003

(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

PILED
2017 JUL 18 PM 1: 26
SLORETARY OF STATE

K. SALY JUL 2 1 2017

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Hmerica's Naturals, LLC Name of Limited Liability Company DOCUMENT NUMBER: L12001/9\impsi23 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 Coldner Name of Person Lolemo F, Tnc., Mark Name of Firm/Company 3800 Galt Ocean Dr. #611 Address Fort Laudordale, Fa 33308 City/State and Zip Code Loudner Calobo Com 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)	Λ	
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., Mark Name of Firm/Company 3800 Galt Ocean Dr. #611 Address Fort Laudordale, Fa 33308 City/State and Zip Code Lemail address (to be used for future annual report notification) For further information concerning this matter, please call:	SUBJECT: Hmerica's	Naturals, LLC of Limited Liability Company
Please return all correspondence concerning this matter to the following: Luis Goldner Name of Person Luiema I, Inc., Mar Name of Firm/Company 3800 Galt Ocean Da. #611 Address Fort Lauder dale, Ft 33308 City/State and Zip Code Legaldner Qalobo. Com E-mail address (to be used for future annual report notification) For further information concerning this matter, please call:	DOCUMENT NUMBER:	2000119003
Name of Person Lolemo I, Inc., Mar. Name of Firm/Company 3800 Galt Ocean Dr. #611 Address Fort Lander dale, Fl 33308 City/State and Zip Code Logold ner @ globo. Com E-mail address (to be used for future annual report notification) For further information concerning this matter, please call:		Agent for a Limited Liability Company and fee are submitted
Lolemo I, Inc., Mar. Name of Firm/Company 3800 Galt Ocean Dn. #611 Address Fort Laudor dale, Fa 33308 City/State and Zip Code Logold ner @ globo. Com E-mail address (to be used for future annual report notification) For further information concerning this matter, please call:	Please return all correspondence concerni	ing this matter to the following:
3800 Galt Ocean Dn. #611 Address Fort Lander dale, Fr. 33308 City/State and Zip Code Capid ner@alow.com E-mail address (to be used for future annual report notification) For further information concerning this matter, please call:	Luis Goldner Name of Person	<u>^</u>
Fort Landordale, FL 33308 City/State and Zip Code Caoldner@alow.com E-mail address (to be used for future annual report notification) For further information concerning this matter, please call:	Lolemo I, Inc.	MOR
E-mail address) (to be used for future annual report notification) For further information concerning this matter, please call:	3800 Galt Ocean	n Dr. #611
For further information concerning this matter, please call:	Fort Laudordale, City/State and Zip Code	FL 33308
	E-mail address (to be used for future annual	low. com Treport notification)
Name of Person	For further information concerning this m	natter, 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 limitability company.	liability company or \$25.00 for an admini	Florida Department of State for \$85.00 for an active limited istratively dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS: Registration Section STREET ADDRESS: Registration Section		

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

INHS17 (2/14)

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

7

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
The Halle Law Firm, PA, hereby resigns as
Name of Registered Agent , hereby resigns as
Registered Agent for Amarica's Naturals, LLC 200
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
Pres, cent, 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