

L120000134179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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of ARIZONA

J. SAULSBERRY
EXAMINER

OCT 15 2013

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ASLOGISTICS SOLUTIONS LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L12000134179

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:

PEDRO PAREDES

Name of Person

FPY ACCOUNTING SERVICES INC

Name of Firm/Company

9221 CRESCENT DRIVE

Address

MIRAMAR FL 33025

City/State and Zip Code

FPYSERVICES@COMCAST.NET

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

For further information concerning this matter, please call:

PEDRO PAREDES

Name of Person

at (**954**) **392-8669**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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RECEIVED
STATE
DIVISION OF CORPORATIONS

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,

FPY ACCOUNTING SERVICES, INC., hereby resigns as

Name of Registered Agent

Registered Agent for **ASLOGISTICS SOLUTIONS, LLC.**

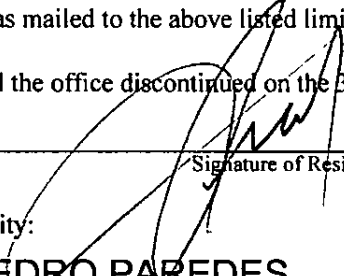
Name of Limited Liability Company

L12000134179

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:

PEDRO PAREDES

Typed or Printed Name

PRESIDENT-OWNER

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

INHS17 (08/05)

2013 OCT 15 AM 8:47
FILED
TALLAHASSEE, FL
CLERK OF THE COURT