

43000024698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

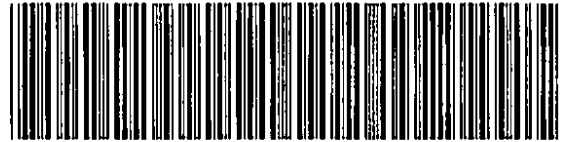
(Business Entity Name)

(Document Number)

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08/30/18--01029--005 **50.00

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2018 AUG 30 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

n BRUCE
SEP 07 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2018

JEAN-CHARLES DIBBS
200 S BISCAYNE BLVD, STE 4100
MIAMI, FL 33131 US

SUBJECT: TRIPLE C INTERNATIONAL USA, LLC
Ref. Number: L13000024698

We have received your document for TRIPLE C INTERNATIONAL USA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have received your document for TRIPLE C INTERNATIONAL USA, LLC and check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$50.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 418A00014594

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2018 AUG 29 PM 11:26

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Corporation Company of Miami

, hereby resigns as

Name of Registered Agent

Registered Agent for Triple C International USA, LLC

Name of Limited Liability Company

L13000024698

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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