

L13000033529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

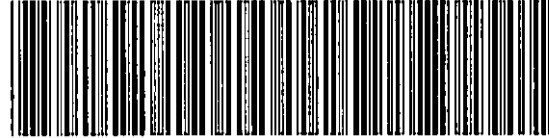
(Business Entity Name)

(Document Number)

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SECRET

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Resignation

JUN 09 2021
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HORIZON PROJECTS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L 13 0000 33529

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:

Couly Guillaume & SLAUCHANS Benjamin & NABIZADA
Name of Person Miryam

Horizon Projects
Name of Firm/Company

701 Brickell Avenue, STE 1650
Address

Miami FL 33131
City/State and Zip Code

guillaume couly@yahoo.fr / bslauchans@hotmail.com / miamiequity@gmail.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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Jade Associates Miami, Inc
Name of Registered Agent hereby resigns as

Registered Agent for HORIZON PROJECTS, LLC
Name of Limited Liability Company

L1300003529
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

3/26/2021

If signing on behalf of an entity:

Olivier Sureau
Typed or Printed Name
Managing Partner
Capacity

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TALLAHASSEE, FL

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