

L13000072036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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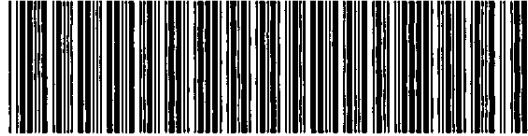
(Business Entity Name)

(Document Number)

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OCT 13 2015  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lonas Plasticas LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L 13000072 036

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:

Angela Pineda  
Name of Person

Lonas plasticas LLC  
Name of Firm/Company

1570 NE 191 st #430  
Address

North Miami Beach, 33179  
City/State and Zip Code

angelamaria44@hotmail.com / cordero lonas@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela pineda at ( 786 ) 899-8007  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Gustavo Melgar

Name of Registered Agent

, hereby resigns as

Registered Agent for

Lonas Plasticas

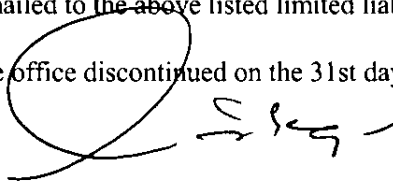
Name of Limited Liability Company

L13000072036

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:

Gustavo Melgar

Typed or Printed Name

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

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STATE OF FLORIDA  
TALLAHASSEE