

L13000088996 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

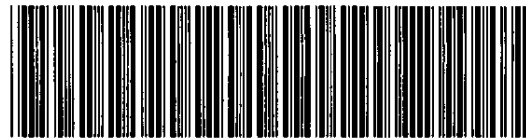
(Business Entity Name)

(Document Number)

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2014 JAN -6 AM 11:36  
TALLAHASSEE, FL 32309

B. BOSTICK

JAN 10 2014

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Particlehaus LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000088996

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:

Olivia Ramos

Name of Person

Extreme Sustainable

Name of Firm/Company

9 Island Ave apt 911

Address

Miami Beach FL 33139

City/State and Zip Code

ramos.olivia@gmail.com

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

For further information concerning this matter, please call:

Olivia Ramos

Name of Person

at ( 305 ) 439 1496

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (12/13)

2014 JAN -6 AM 11:36  
TALLAHASSEE, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

**Allyson Parker**

, hereby resigns as

Name of Registered Agent

Registered Agent for **Particlehaus LLC**

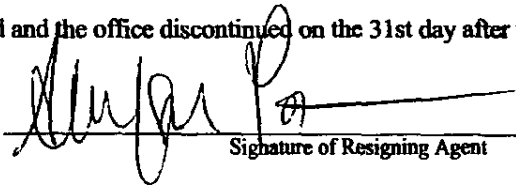
Name of Limited Liability Company

**L13000088996**

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

### FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

TALLAHASSEE, FL 32314

2014 JAN -6 AM 11:36

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314