# L130000 94075

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	TIAW	MAIL
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Certified Copies	_ Certificates	of Status
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ALLAHASSEE. FLORIDA

APR 13 2015 T. CARTER

### **COVER LETTER**

Division of Corporations
SUBJECT: Toversiones P+K3, LLC  Name of Limited Liability Company  DOCUMENT NUMBER: L13000094075
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:
Paul Tontecilla Name of Person
Inversiones P+K3, UC Name of Firm/Company
218 SE 14th St. #1901
Address
Miami, FL. 33131 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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,		
Paul Tontecilla, hereby resigns as		
Registered Agent for <u>Toversiones</u> P+K3, UC	15 AP	SECRE
Inversiones P+K3, LLC	R	
Name of Limited Liability Company	70	
L13000094075	PH 12: 37	F STA
Document Number, if known	37	DA E
A copy of this resignation was mailed to the above listed limited liability company at its last known	n address	<b>S</b> .
The agency is terminated and the office discontinued on the 31st day after the date on which this st	atement	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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