

L13000121806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

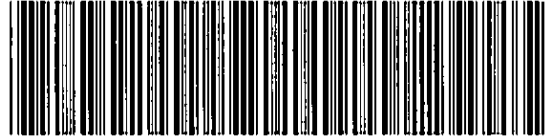
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/10/20--01010--001 \*\*110.00

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2020 SEP 10 PM 2:20

CLERK OF STATE  
TALLAHASSEE, FL

JW 10/19/20

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PHOENIX PLYWOOD FINISHING LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000121806

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:

Katherine Garcia

Name of Person

Phoenix Plywood Finishing LLC

Name of Firm/Company

11430 NW 122 Street Suite 300

Address

Miami, FL 33178

City/State and Zip Code

kathy@phoenixply.com

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

For further information concerning this matter, please call:

Katherine Garcia

at ( 786 ) 376-1978

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Igor Mourao Sabino Sr. \_\_\_\_\_, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for Phoenix Plywood Finishing LLC

\_\_\_\_\_  
Name of Limited Liability Company

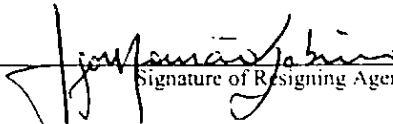
L13000121806

\_\_\_\_\_  
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.

If signing on behalf of an entity:

\_\_\_\_\_  
  
Signature of Resigning Agent

\_\_\_\_\_  
IGOR SABINO  
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**