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| (Re | questor's Name) | |
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| (Ad | dress) | · <u>·····</u> |
| (Ad | dress) | |
| . (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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S. YOUNG

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: United Vauce Express LLC Name of Limited Liability Company DOCUMENT NUMBER: L 13000 12255 |
| 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: |
| Mikhaest Goigefouith Name of Person |
| Name of Firm/Company |
| 1250 E Hallandale Beach Blod 405 PGA |
| City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Valera at (305) 336 4762 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned, | |
|---|-----------------------------|
| Mikhait Grigorovich, hereby resigns as | |
| Name of Registered Agent | |
| Registered Agent for Unifed TReece Espoess LLC | |
| , | |
| Name of Limited Liability Company | |
| L 13000 122 151. 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 Signature of Resigning Agent | -4 |
| Signature of Resigning Agent | 1 .4 1444111 14441111 |
| If signing on behalf of an entity: | ir C |
| Typed or Printed Name | ก้ |
| Capacity | |

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively 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