

11/26/2019

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : KOUTOULAS & RELIS, LLC
Account Number : I20070000005
Phone : (954)332-1345
Fax Number : (954)332-1346

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.


Email Address: _____

LLC REGISTERED AGENT RESIGNATION
IVORY COMMERCE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

Fax Audit H190003446253

COVER LETTER

TO:  Registration Section
Division of Corporations

SUBJECT: Ivory Commerce LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000146036

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:

Steven L Relis CPA

Name of Person

Koutoulas & Relis LLC

Name of Firm/Company

1776 N Pine Island Road Suite 316

Address

Plantation FL 33322

City/State and Zip Code

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

For further information concerning this matter, please call:

Steven L Relis CPA

Name of Person

at (954) 332-1345
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Fax 4190003446253

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

Koutoulas & Relis LLC, hereby resigns as
Name of Registered Agent

Registered Agent for Ivory Commerce, LLC

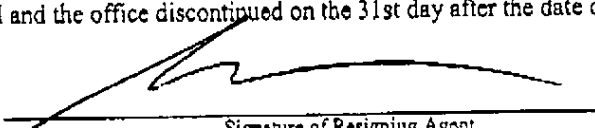
Name of Limited Liability Company

L13000146036

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:

Steven L Relis CPA

Typed or Printed Name

Partner

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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