

L130000150698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800261649078

800261649078
06/26/14--01025--016 **85.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 JUN 26 PM 12:57

LLC RA Resign

JUL 14 2014
T. CARTER



RECEIVED

14 MAY 30 PM 3:12

OFFICE OF THE CLERK OF THE SUPREME COURT
JUDICIAL BRANCH
TALLAHASSEE, FLORIDA 32301

ALEX D. BROWN, ESQ.
Direct Dial. 954.760.4909
e-mail: adb@trippscott.com

May 19, 2014

VIA CERTIFIED MAIL #7005 3110 0000 6775 0253
RETURN RECEIPT REQUESTED

Florida Department of State
Division of Corporations
2661 Executive Center Circle West
Tallahassee, FL 32301

RE: **Change of Address for AIKON LLC ("LLC")**
Document #L13000150698

Dear Sir or Madam:

Please be advised that the registered agent for the above referenced LLC has resigned. The principal and mailing address for this LLC is currently the address for the registered agent. In that regard, please change the principal and mailing address, and mark your records accordingly to reflect the address of the LLC as follows:

P.O. Box 3200
Road Town, Tortola
British Virgin Islands

Thank you.

Very truly yours,

Alex D. Brown
For the Firm

ADB/sd



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2014

ALEX D. BROWN
TRIPP SCOTT
P O BOX 14245
FORT LAUDERDALE, FL 33302

SUBJECT: AIKON LLC
Ref. Number: L13000150698

We have received your document for AIKON LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check or money order** made payable to the Department of State for \$85.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 314A00012620

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

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

NOTLYA HOLDINGS CORPORATION

, hereby resigns as

Name of Registered Agent

Registered Agent for **AIKON LLC**

Name of Limited Liability Company

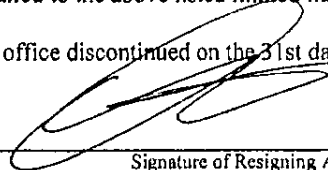
L13000150698

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.

X



Signature of Resigning Agent

If signing on behalf of an entity:

OCTAVIO CARDOSO

Typed or Printed Name

TREASURER

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

14 JUN 26 PM 12:57

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA