

L13000175341

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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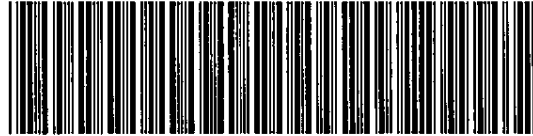
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 26 2015
J. BRUGA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLVENT INK ONLINE LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: _____

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:

AMADEO A MOLINARI

Name of Person

SOLVENT INK ONLINE LLC.

Name of Firm/Company

1987 NE 147th LANE

Address

NORTH MIAMI FL 33181

City/State and Zip Code

INFO@SOLVENTINKONLINE.COM

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

For further information concerning this matter, please call:

AMADEO MOLINARI

Name of Person

at (305) 733 6242

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2015 MAR -9 AM 10:21
CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

UNITED STATES CORPORATION AGENTS, INC., hereby resigns as
Name of Registered Agent

Registered Agent for SOLVENTINK ONLINE LLC

Name of Limited Liability Company

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:

Typed or Printed Name

Capacity

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2015 MAR -9 AM 10:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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