

L140000008526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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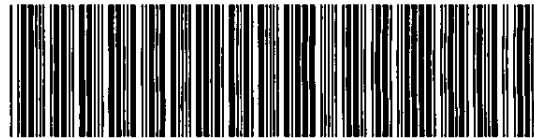
(Business Entity Name)

(Document Number)

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R.A. / RES  
@ 6.11.14

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VENEZUELA OSKARATE USA, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000008526

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:

RUBEN NICOLOPULOS

Name of Person

VENEZUELA OSKARATE USA, LLC

Name of Firm/Company

3621 GULFSTREAM RD

Address

PALM SPRINGS FL 33461

City/State and Zip Code

elmaosis@gmail.com

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

For further information concerning this matter, please call:

RUBEN NICOLOPULOS

Name of Person

at ( 561 ) 275-4371  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

**RUBEN NICOLOPULOS**

, hereby resigns as

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

Registered Agent for **VENEZUELA OSKARATE USA, LLC**

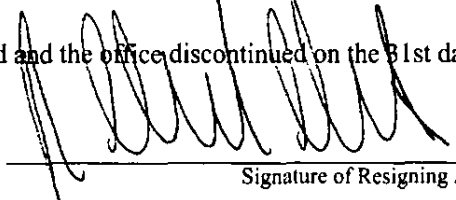
\_\_\_\_\_  
Name of Limited Liability Company

**L14000008526**

\_\_\_\_\_  
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

## **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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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