

L14000011513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

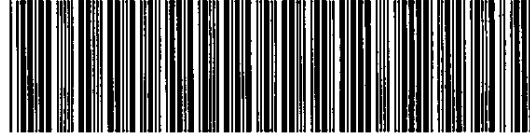
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 30, 2015

ROMMEL JIMENEZ  
999 PONCE DE LEON BLVD. #1040  
CORAL GABLES, FL 33134

SUBJECT: FABUSA U.S. TRANSPORT SERVICES LLC  
Ref. Number: L14000011513

We have received your document for FABUSA U.S. TRANSPORT SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 215A00024971

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FABUSA U.S. TRANSPORT SERVICES LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000011513

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:

Rommel Jimenez  
Name of Person

EDUARDO SOTO P.A.  
Name of Firm/Company

999 Ponce de Leon Blvd. #1040  
Address

CORAL GABLES, FL 33134  
City/State and Zip Code

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

For further information concerning this matter, please call:

Rommel Jimenez at (305) 446 8686  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

Rommel Jimenez

Name of Registered Agent

, hereby resigns as

Registered Agent for FADUSA U.S. TRANSPORT SERVICES LLC

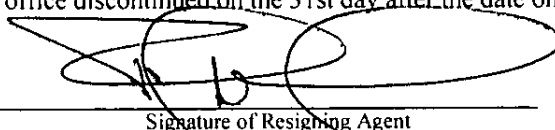
Name of Limited Liability Company

L14000011513

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

2015 DEC -9 P 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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