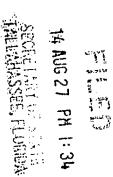
## L14000024637

(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

900263511569

08/27/14--01002--025 \*\*85.00



SEP 03 2014

C. CARROTHERS

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: TRUE OVERSEAS SUPPLIERS, LI	LC
Name of Limited	Liability Company
DOCUMENT NUMBER: L14000024637	
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted
Please return all correspondence concerning this ma	atter to the following:
Juan Pablo Muhammad Wulff	
Name of Person	
Name of Firm/Company	
1750 NW 107th Ave, North Mezzanine	
Address	<del></del>
Miami, Florida 33172	
City/State and Zip Code	
ccpjuanpablo@gmail.com	
E-mail address: (to be used for future annual report notif	ication)
For further information concerning this matter, plea	se call:
Juan Pablo Muhammad Wulff 78	36
Name of Person Ar	rea Code Daytime Telephone Number
Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively liability company.	partment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

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

Pursuant to the provisions of section 60:	5.0115, Florida Statutes, the t	undersigned,		
Juan Pablo Muhammad Wulff		, hereby resigns as		
Name of Registere	_	, , notes y tourgine us		
Registered Agent for True Overseas	s Suppliers, LLC			
Name	of Limited Liability Company		,	
L14000024637				
Document Number, if known				
A copy of this resignation was mailed to	the above listed limited liab	ility company at its last known ac	ddress.	
The agency is terminated and the office	discontinued on the 31st day  Signature of Resigning Ag		ment is	filed.
If signing on behalf of an entity:				
	Typed or Printed Name		(本)	
	Capacity	THE STATE OF THE S	以 AUG 27	With the
	JNG FEES: 5.00 Active limited liabili 5.00 Administratively diss withdrawn limited li	ty company solved/ voluntarily dissolved/ ability company		Array.

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314