

L14000027503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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511 MAR 31 P 1:20  
SECRETARY OF STATE  
TAMPA, FLORIDA

S Warren

APR 03 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ARMOMAQ, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Lanza, Esq.

Name of Person

MELISSA P. LANZA, P.A.

Firm/Company

104 Crandon Blvd., Suite 420

Address

Key Biscayne, FL 33149

City/State and Zip Code

llanzalaw@aol.com

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

For further information concerning this matter, please call:

Lisa

at ( 305 ) 361-0997

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**  
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ARMOMAQ, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L14000027503
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/6/2017
4. I, Julio Diego Rodriguez Reategui, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Manager and Member  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

(X) [Signature]  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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917 MAR 31 P 1:21  
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TALLAHASSEE, FLORIDA