

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000125318 3)))



H200001253183ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

Account Number : 120040000167 Phone : (305)377-0809 Fax Number : (305)377-0781

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Corporate @ pbyalaw.com

020 APR 29 PH 4: 58

LLC REGISTERED AGENT RESIGNATION CHILEAN FISHERIES GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

<u>O SIMMONS</u>

APR 3 0 2020

Electronic Filing Menu

Corporate Filing Menu

Help

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi	isions of section 605.0115, Florida Statutes,	the undersigned,	
PBYA CORPORTE S	SERVICES, LI.C	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for	CHILEAN FISHERIES GROUP, LLC		
	Name of Limited Liability Company	v	
L14000097861			
Documer	nt Number, if known		
		liability company at its last known address. I day after the date on which this statement is filed.	
The agency is termin	Signature of Resigni	2020 1	
If signing on behalf	of an entity:	9	
	RICARDO BAJANDAS	<u> </u>	
	Typed or Printed Name	 99	
	MANAGER		
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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