

L14 000148026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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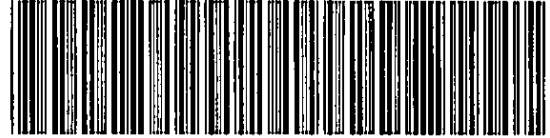
(Business Entity Name)

(Document Number)

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MAR 3 - 2023

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AWT USA GROUP LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000148026

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:

CAROLINA SARMIENTO DE CINI  
Name of Person

AWT SA GROUP NYC LLC  
Name of Firm/Company

11333 NW 79TH LANE  
Address

DORAL FLORIDA 33178  
City/State and Zip Code

DIOMEDESCONSULTORES@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINA SARMIENTO DE CINI at (786) 3124547  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

CAROLINA SARMIENTO DE CINI \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for AWT USA GROUP LLC \_\_\_\_\_  
Name of Limited Liability Company

L14000148026 \_\_\_\_\_  
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

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2022 DEC 13 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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