

L14000166610

(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



200278594512

10/29/15--01018--017 **85.00

FILED
2015 OCT 29 PM 6:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
NOV -2 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOVITTA TRANSPORT LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000166610

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:

MARCELO SOUSA
Name of Person

NOVITTA TRANSPORT LLC
Name of Firm/Company

18253 TOWNSEND HOUSE ROAD
Address

DADE CITY, FL 33523
City/State and Zip Code

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

For further information concerning this matter, please call:

MARCELO SOUSA at (508) 333-5031
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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**

2015 OCT 29 PM 6:35
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

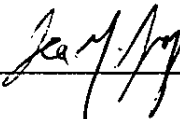
Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
ALEX ARAUJO, hereby resigns as
Name of Registered Agent

Registered Agent for NOVITTA TRANSPORT LLC
Name of Limited Liability Company

L14000166610
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.

 10/19/15
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**