

L1500094064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

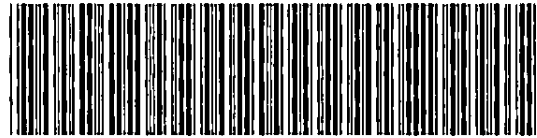
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D BRUCE
SEP 22 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2 FAST DELIVERY PROVIDERS LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L15000094064

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:

Name of Person

TAX & ACCOUNTING SOLUTIONS

Name of Firm/Company

616 ATLANTIC SHORES BLVD

Address

HALLANDALE, FL 33009

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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2018 SEP 17 AM 8:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

TAX & ACCOUNTING SOLUTIONS

Name of Registered Agent

, hereby resigns as

Registered Agent for 2 FAST DELIVERY PROVIDERS LLC

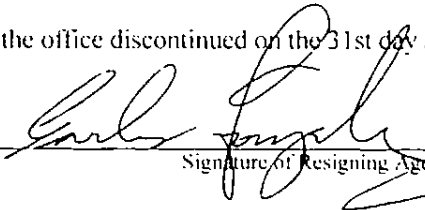
Name of Limited Liability Company

L15000094064

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:

CARLOS GONZALEZ

Typed or Printed Name

PRESIDENT

Capacity

FILED
200 SEP 17 AM 8:24
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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