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COVER LETTER

SUBJECT: LDM DISTRIBUTORS LLC Name of Limited Liability Company
DOCUMENT NUMBER: <u>(15000129250</u>
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:
Michel A Penez Name of Person Michel A Pezez Milh Name of Firm/Company
Miani, FL 33/85 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michel A Penez at (786 403 6958 7) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 STREET ADDRESS: Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

of section 605.011	5, Florida Statutes, the unde	rsigned,			
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FILING	FEES:	•	高級	2	
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Make checks payal		State and mail to:		<u>ਜ</u>	j
	Division of Corporations P.O. Box 6327		778		
	A Pane Age Ame of Registered Age DAI DIS Name of Lin 29250 er, if known was mailed to the amount of the office discount of the control o	A Pane 2 ame of Registered Agent Day DisTributors (1) Name of Limited Liability Company 29 25 0 er, if known was mailed to the above listed limited liability and the office discontinued on the 31st day after Signature of Resigning Agent Name Capacity FILING FEES: \$ 85.00 Active limited liability of \$ 25.00 Administratively dissolve withdrawn limited liability Make checks payable to Florida Department of S Division of Corporations	Name of Limited Liability Company 29 25 Der, if known was mailed to the above listed limited liability company at its last and the office discontinued on the 31st day officer the date on which signature of Resigning Agent nutity: Michel A Pane 2 Typed or Printed Name Capacity FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/voluntarily diswithdrawn limited liability company Make checks payable to Florida Department of State and mail to: Division of Corporations	A Pane 2 Jame of Registered Agent DM Distributors (LC) Name of Limited Liability Company 29 25 0 er, if known was mailed to the above listed limited liability company at its last known and the office discontinued on the 31st day after the date on which this state Signature of Resigning Agent ntity: Michel B Pane 2 Typed or Printed Name Capacity FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn 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	A Pane 2 Jame of Registered Agent DM DIFINITIONS (LC) Name of Limited Liability Company 29 25 0 er, if known was mailed to the above listed limited liability company at its last known address. Ind the office discontinued on the 31st day officer the date on which this statement is file Signifum of Resigning Agent Intity: Michel D Pane 2 Typed or Printed Name Capacity FILING FEES: \$85.00 Active limited liability company \$25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company withdrawn limited liability company Wake checks payable to Florida Department of State and mail to: Division of Corporations

Tallahassee, FL 32314

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LDM DISTNIBUTORS LLC Name of Limited Liability Company
DOCUMENT NUMBER: <u>(15000/29250</u>
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:
Michael A Penez Name of Person Michael A Penez Mame of Firm/Company Name of Firm/Company
2660 9w 156 PC Address
Miani, FL 33/85 City/State and Zip Code E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michel A Penez at (786) 403 6958 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

INHS17 (2/14)

Copy

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
Michel A Penez, hereby resigns as
Name of Registered Agent
Registered Agent for
LDM DISTNIBUTORS LLC.
Name of Limited Liability Company
<u> 15000129250</u>
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.
NAM
Signature of Resigning Agent
If signing on behalf of an entity:
Milal Dagg
Michel) Pane 2 Typed or Printed Name
Typed of t finited famile
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

INHS17 (2/14)