

U5000133465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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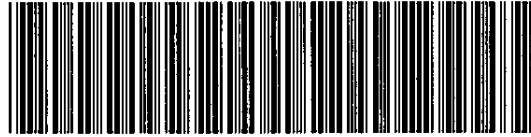
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 01 2015

G. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMAZON ROOTS LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L15000133465

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:

LEONARDO BARRIONUEVO

Name of Person

AMAZON ROOTS LLC

Name of Firm/Company

1101 BRICKEL AVE - ST - 8TH FLOOR

Address

MIAMI, FL, 33131

City/State and Zip Code

LEONARDOEBCF@GMAIL.COM

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

For further information concerning this matter, please call:

LEONARDO BARRIONUEVO

at (305) 321-4577

Name of Person

Area Code

Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

OLE SERVICES LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for AMAZON ROOTS LLC

Name of Limited Liability Company

L15000133465

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:

OLE SERVICES LLC

Typed or Printed Name

MANAGING MEMBER

Capacity

FILED
15 SEP 29 PM 4:05
SECRETARY 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