(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



500336799815

11/18/19--01031--009 \*\*65.00

#### ', COVER LETTER

**TO:** Registration Section Division of Corporations

SUBJECT: ATT EXPORT & IMPORT LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L150000170085	<del></del>
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
Jose F. Padro	
Name of Person	
H & CO, LLP	
Name of Firm/Company	
Address	
2320 Ponce de Leon Blvd ,	
City/State and Zip Code	
Coral Gables, FL 33134	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jose F. Padro 305	444-8800
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Pursuant to the provisions of section 605.0115,	, Florida Statutes, the	undersigned,		
Jose F. Padro	, hereby resigns as			
Name of Registered Agent		, ,, ,		
Registered Agent for ATT Export & Impor	t LLC			_
Name of Limit	ed Liability Company			<u>-</u> ·
L150000170085				
Document Number, if known				
A copy of this resignation was mailed to the ab	oove listed limited liab	oility company at its la	st known addres:	S.
The agency is terminated and the office discon	W.		<del>.</del>	is filed.
If signing on behalf of an entity:			2019 NOV 18 SECRETARY ALLAHASSE	FIL
Тур	ped or Printed Name		PM 3: 37 OF STATE E. FLORIDA	ED
	Capacity		· 37	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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