

L16 0000013386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

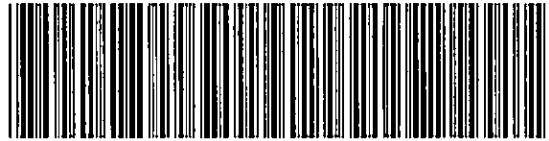
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/20/22--01011--011 **85.00

FILED
2022 MAY 20 PM 2:28
U.S. DISTRICT COURT
N. DISTRICT OF CALIF.

JUL 20 2022

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

Foreign Fusion LLC

SUBJECT: _____
Name of Limited Liability Company
L16000013386

DOCUMENT NUMBER: _____

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:

Bernado Joseph

Name of Person

Joseph Multi Services LLC

Name of Firm/Company

9781 W Sample Road

Address

Coral Springs, FL 33065

City/State and Zip Code

Foreignfusion16@gmail.com

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

For further information concerning this matter, please call:

Rayvin Alexander

754

715-1781

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Angella Alexander

, hereby resigns as

Name of Registered Agent

Registered Agent for

Foreign Fusion LLC

Name of Limited Liability Company

L16000013386

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:

Rayvin Alexander

Typed or Printed Name

Title MGR / President

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

2022 MAY 20 PM 2:28

FILED