

L16000013460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

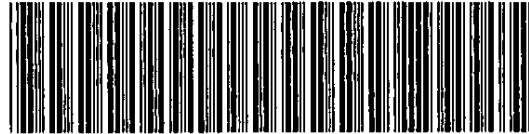
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000296947000

03/27/17--01043--007 **85.00

FILED
17 MAR 27 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAR 28 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLARIN HOMES USA, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000013468

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:

JUAN CARLOS FIGUEROA
Name of Person

CLARIN HOMES USA, LLC
Name of Firm/Company

14221 SW 147 CT
Address

MIAMI - FL 33196
City/State and Zip Code

JCFIGUEROAX@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN CARLOS FIGUEROA at (305) 300-3620
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
17 MAR 27 PM 3:26
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,

CLARA I. SAAVEDRA

Name of Registered Agent

, hereby resigns as

Registered Agent for

CLARIN HOMES USA, LLC

CLARIN HOMES USA, LLC

Name of Limited Liability Company

116000013468

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:

CLARA I. SAAVEDRA

Typed or Printed Name

MR

Capacity

FILED
17 MAR 27 PM 3:26
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