9/22/22, 12:00 PM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : I20050000052 Phone : (850)656-7956

Fax Number : (850)656-7953

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC REGISTERED AGENT RESIGNATION COMEX GLOBAL USA LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$85.00

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Registration Section TO: Division of Corporations SUBJECT:_ Name of Limited Liability Company DOCUMENT NUMBER: L16000073581 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: Westley Look Name of Person Incorporating Services, Ltd. Name of Firm/Company 3500 S DuPont Highway Address Dover, DE 19901 City/State and Zip Code wlook@incserv.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Westley Look Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Florida (Statutes, the undersigned,
Incorporating Service	es, Ltd.	, hereby resigns as
	Name of Registered Agent	
Registered Agent for	MEX GLOBAL USA LLC	
	Name of Limited Liability	y Company
L16000073581		
Document Nur	ber, if known	
A copy of this resignation	was mailed to the above lister	d limited liability company at its last known address.
The agency is terminated	and the office discontinued or	the 31st day after the date on which this statement is filed.
-	Amounda E	hchambautt of Resigning Agent
If signing on behalf of an	entity:	
	Amanda Arc	chambault
-	Typed or Prin	ted Name
	Assistant S	ecretary
•	Сарясіту	·

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ withdrawn limited liability company

Make cheeks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314