

LL6000102267

(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



800303035338

09/05/17--01041--011 **85.00

FILED
17 SEP -5 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN
SEP 07 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced Therapies CBD, LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: L16000102267

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:

Shamaya Chah

Name of Person

Advanced Therapies CBD, LLC.

Name of Firm/Company

5537 N. Military Trail #1906

Address

Boca Raton, FL. 33496

City/State and Zip Code

Shamaya Chah @ aol.com

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

For further information concerning this matter, please call:

Shamaya Chah

Name of Person

at (352) 455-0028

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Shamaya Chuh

Name of Registered Agent

, hereby resigns as

Registered Agent for

Advanced Therapies USD, LLC

Name of Limited Liability Company

L16000102267

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.

SC

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED
17 SEP -5 PM 12:25
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withdrawn limited liability company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