## L16000 188 648

(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



400433818014

07/28/24--01/12--010 \*\*\*\*\*\*



## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: ILLUMINAR AMERICAS, LLC	
Name	of Limited Liability Company
DOCUMENT NUMBER: L1600018854	8
The enclosed Resignation of Registered A for filing.	Agent for a Limited Liability Company and fee are submitted
Please return all correspondence concerni	ng this matter to the following:
Nicole Williams	
Name of Person	
URS Agents, LLC	<del></del>
Name of Firm/Company	
3675 Crestwood Parkway Suite 350	2024 JUL 29 P
Address	TE 2
Duluth, GA 30096	
City/State and Zip Code	
resignations@urscompliance.com	PH 4: 36
E-mail address: (to be used for future annua	I report notification)
For further information concerning this m	natter, please call:
URS Agents, LLC	at (800)5674397
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check made payable to the liability company or \$25.00 for an admin liability company.	Florida Department of State for \$85.00 for an active limited istratively dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee. FL 32314

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

URS Agents, LLC	, he	ereby resigns as
-	Name of Registered Agent	, -
Registered Agent for	ILLUMINAR AMERICAS, LLC	
	Name of Limited Liability Company	·
L16000188548		
	Number, if known	<b>20</b>
		-برا الهابيا المابيا ا
	ntion was mailed to the above listed limited liability cor	
	ntion was mailed to the above listed limited liability cornated and the office discontinued on the 31st day after the	ne date on which this statement is filed.
		ne date on which this statement is filed.
	Signature of Resigning Agent	ne date on which this statement is filed.
The agency is termina	Signature of Resigning Agent f an entity:	ne date on which this statement is filed.
The agency is termina	Signature of Resigning Agent	ne date on which this statement is filed.
The agency is termina	Signature of Resigning Agent f an entity:  Edwardo Saldana	ne date on which this statement is filed.

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company