

# L16000193452

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

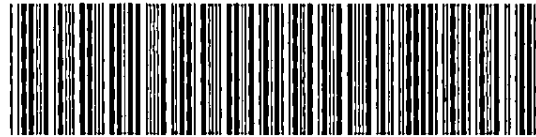
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FL 32309

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02/22/2019

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TEOSTAR LOGISTICS LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** L16000193452

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Damian A. Escudero

(Name of Person)

Teostar Logistics LLC

(Name of Firm/Company)

5524 NW 114 Ave - Suite 202

(Address)

Doral, FL 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

Damian A. Escudero at ( 305 ) 846-7639

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

2019 FEB 22 PM 12:50  
RECEIVED  
TALLAHASSEE, FL 32301  
DIVISION OF CORPORATIONS

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

2009 FEB 22 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, American Growing Business Corp.

(Name of Registered Agent)

hereby resigns as Registered Agent for Teostar Logistics LLC

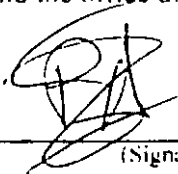
(Name of Corporation)

L16000193452

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

Irma Andrea Piccinini

(Typed or Printed Name)

President

(Capacity)

**Fee for filing this document:**

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

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