

FROM: TO: 06176383 12/19/2017 17:36:03 #415 P 001/002

12/19/2017

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

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Account Name : ARISTA LAW & TAX
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: arista@aristafoodemporium.co

LLC REGISTERED AGENT RESIGNATION COMPASS 1000, LLC

Certificate of Status	0
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2017 DEC 20 AM 9:00

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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,

Eduardo R. Arista

, hereby resigns as

Name of Registered Agent

Registered Agent for Compass 1000, LLC

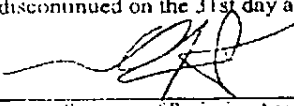
Name of Limited Liability Company

L17000127591

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:

Typed or Printed Name

Capacity

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withdrawn limited liability company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

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