

L17000 147565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

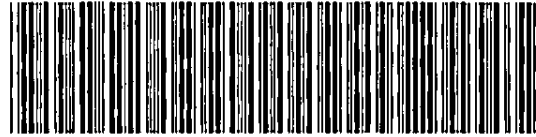
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900321592219

12/13/19--01005--029 **85.00

FILED
2018 Dec 13 AM 9:49
SECRET
STALLAHASSEE FL

R. WHITE
FEB 19 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BELLGLOBAL GROUP LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L17000147565

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:

Julio Araujo

Name of Person

Total Corporation Services, Inc.

Name of Firm/Company

6355 NW 4TH ST Suite 407

Address

Virginia Gardens, FL 33166

City/State and Zip Code

asesor@corporacionesenusa.com

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

For further information concerning this matter, please call:

Julio Araujo

Name of Person

at (305) 871-2525
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

VLADIMIR P CASTRO HUAMANI

Name of Registered Agent

, hereby resigns as

Registered Agent for BELLGLOBAL GROUP LLC

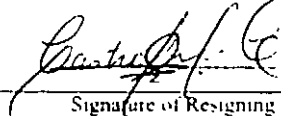
Name of Limited Liability Company

L17000147565

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:

VLADIMIR P CASTRO HUAMANI

Typed or Printed Name

Registered Agent

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

FILED
2018 DEC 13 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FL