

2/14/24, 10:30 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : WESTON CORPORATE ADMINISTRATION, LLC
Account Number : I20090000072
Phone : (954)356-2905
Fax Number : (954)337-8346

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
CHOCOLATIER USA MANUFACTURING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

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Corporate Filing Menu

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FEB 15 2024

T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHOCOLATIER USA MANUFACTURING LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L17000167135

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:

IVAN F CANALES

Name of Person

CHOCOLATIER USA MANUFACTURING LLC

Name of Firm/Company

5282 NW 14TH ST

Address

DORAL FL 33126

City/State and Zip Code

ALE.AVILA@AGAPARTNERSUSA.COM

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

For further information concerning this matter, please call:

IVAN F CANALES

at (305) 773-8878

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

WESTON CORPORATE ADMINISTRATION LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for _____

CHOCOLATIER USA MANUFACTURING LLC

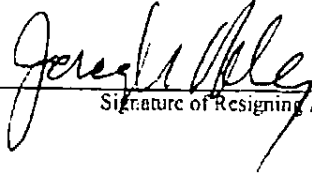
Name of Limited Liability Company

L17000167135

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:

WESTON CORPORATE ADMINISTRATION LLC

Typed or Printed Name

MEMBER

Capacity

FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

FILED
2024 FEB 14 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FL

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