# LB00149962

(F	Requestor's Name)
(A	Address)
4)	Address)
	City/State/Zip/Phone #)
PICK-UP	
(E	Business Entity Name)
(Ը	Document Number)
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 3, 2019

CORPORATE ACCESS, INC.

SUBJECT: VIKA LOGISTICS LLC Ref. Number: L18000149962

Corrected

We have received your document for VIKA LOGISTICS LLC and your check(s) totaling \$622.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 119A00008900

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	P.O. Box 37	236 East 6th Avenue. Tallahassee, Florida 066 (32315-7066) ~ (850) 222-2666 or (800)	
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	F	PICK UP: <u>5/1 LAUREN</u>	
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	VIKA LOGISTICS L (CORPORATE NAME AND D		
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#### **COVER LETTER**

TO: Registration Section Division of Corporations

## SUBJECT: VIKA LOGISTICS LLC

	Name of Limited Liability Company	
DOCUMENT NUMBER:	L18000149962	

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:

Name of Person

#### SHARON ROZENCWAIG

ROZENCWAIG & NADEL, LLP	
Name of Firm/Company	- t3
301 W HALLANDALE BEACH BLVD	
Address	
HALLANDALE BEACH, FL 33009	$\frac{1}{2}$ $\geq$ $\frac{1}{2}$
City/State and Zip Code	<u>ς</u> <del>σ</del>
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#### ENTITIES@RNFLAW.COM

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

For further information concerning this matter, please call:

SHARON ROZENCWAIG	954	455-5100
	_at (	)
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 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,

ROZENCWAIG & NADEL, LLP

, hereby resigns as

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Name of Registered Agent

Registered Agent for VIKA LOGISTICS LLC

Name of Limited Liability Company

L18000149962

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:

LESLIE ALAN ROZENCWAIG

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