

L18000174531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

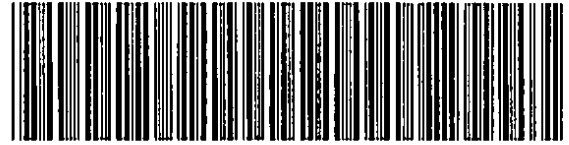
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2021 DEC -6 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FL

0 SUMMONS  
DEC 20 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fortem International, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 1.18000174531

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:

Celso Cravinhos

Name of Person

Fortem International, LLC

Name of Firm/Company

20567 S Charleston

Address

Boca Raton, FL 33434

City/State and Zip Code

celso@forteminternational.com

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

For further information concerning this matter, please call:

Celso Cravinhos at (561) 543-8834  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 DEC -6 PM 3:57

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

Richard P. Bellinger

, hereby resigns as

Name of Registered Agent

Registered Agent for Fortem International, LLC

Name of Limited Liability Company

L18000174531

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