

618000203297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

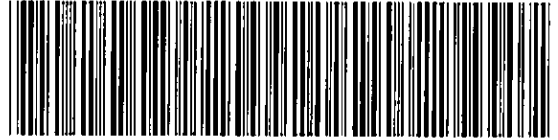
(Document Number)

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23 OCT 18 PM 2:55

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Power Plus Services LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000203297

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:

Osmani Esquijarosa

Name of Person

Power Plus Services LLC

Name of Firm/Company

15364 SW 32nd Terrace

Address

Miami, FL 33185

City/State and Zip Code

esquijarosaosmani@yahoo.com

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

For further information concerning this matter, please call:

Osmani Esquijarosa 305 370-5142

Name of Person at () Daytime Telephone Number
Area Code

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

23 OCT 18 PM 2:56

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

Gustavo Canizares _____, hereby resigns as

Name of Registered Agent

Registered Agent for Power Plus Services LLC

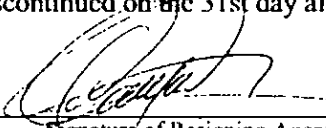
Name of Limited Liability Company

L18000203297

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