

118000 218682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

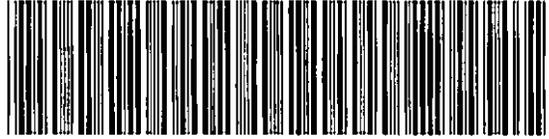
(Business Entity Name)

(Document Number)

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2019 MAR 18 PM 5:46
STATE OF FLORIDA
TALLAHASSEE, FL

R. WHITE
MAR 26 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chicost Patment ce LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18 000218682

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:

Camilo Espinosa
Name of Person

LOIGILA
Name of Firm/Company

1111 Brickell Ave Ste 175
Address

Miami FL 33131
City/State and Zip Code

info@loigila.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Camilo Espinosa at (305) 726 1537
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

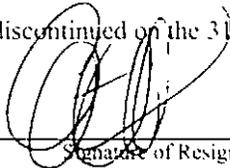
Leigica, PA, hereby resigns as
Name of Registered Agent

Registered Agent for Chi Fast Patent CA LLC
Name of Limited Liability Company

L18000218682
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:

Camilo Espinosa
Typed or Printed Name
Director of Registered Agent
Capacity

FILED
2019 MAR 18 PM 5:45
SECRETARY OF STATE

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