

L18000 218682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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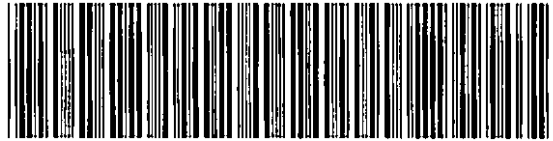
(Business Entity Name)

(Document Number)

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2019 MAR 18 PM 5:46

SECRETARY OF STATE  
TALLAHASSEE, FL

R. WHITE  
MAR 26 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

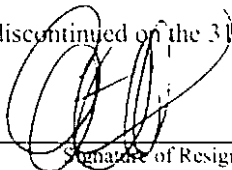
Leigica, PA, hereby resigns as  
Name of Registered Agent

Registered Agent for Chifast Patent CP LLC  
Name of Limited Liability Company

118000218682  
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

## FILING FEES:

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

FILED  
2019 MAR 18 PM 5:46  
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