

L18000228048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

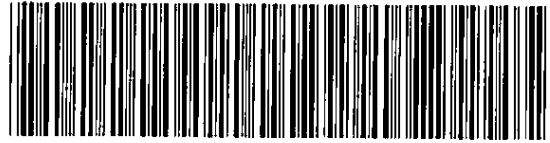
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2024 MAY 15 AM 8:30  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LINC INTERNATIONAL LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000228048

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:

FERNANDO RODRIGUES

Name of Person

LINC INTERNATIONAL LLC

Name of Firm/Company

7825 NW 29TH STREET #129

Address

DORAL, FL 33122

City/State and Zip Code

Fernando.rodrigues@linceinternational.com

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

For further information concerning this matter, please call:

FERNANDO RODRIGUES at (305) 740-1441  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

ROBERT W. STEWART

, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for LINCE INTERNATIONAL LLC

\_\_\_\_\_  
Name of Limited Liability Company

L18000228048

\_\_\_\_\_  
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.

Robert W. Stewart

\_\_\_\_\_  
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

2024 MAY 15 AM 8:30  
SECRET  
TALLAHASSEE, FL

FILED