

L18000 259 759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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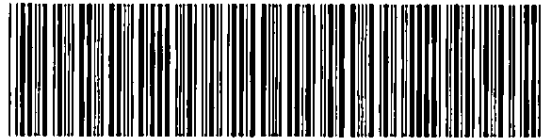
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

INTER INNOVATIVES, LLC

SUBJECT: _____
Name of Limited Liability Company
L18000259795

DOCUMENT NUMBER: _____

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:

Terrence Ayala

Name of Person

c/o Terrence Ayala, PL

Name of Firm/Company

2701 Ponce De Leon Blvd, Suite 202

Address

Coral Gables, FL 33134

City/State and Zip Code

corporate@b2b.legal

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

For further information concerning this matter, please call:

Terrence Ayala

Name of Person

at (305) 444 3114
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2024 JUN 21 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

TIMO A. BECKER, P.A.

, hereby resigns as

Name of Registered Agent

INTER INNOVATIVES, LLC

Registered Agent for

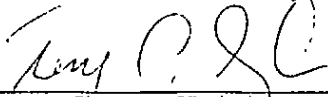
Name of Limited Liability Company

L18000259795

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:

TIMO A. BECKER, P.A.

Typed or Printed Name

AUTHORIZED REPRESENTATIVE

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

SECRETARY OF STATE
TALLAHASSEE, FL

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