

L18 000263447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

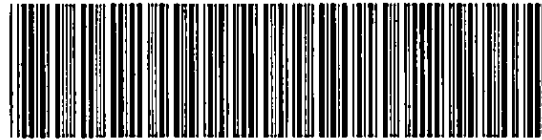
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500358158495

01/21/21--01014--014 **87.50

2021 JAN 21 PM 6:14

MAR 03 2021

S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COCOPLUM AERO SERVICES, LLC

(Name of Corporation)

DOCUMENT NUMBER: 18000263447

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

VILMA BAILLY

(Name of Person)

COCOPLUM AERO SERVICES, LLC

(Name of Firm/Company)

7350 SW 89TH STREET APT. 1602

(Address)

MIAMI, FLORIDA 33156

(City/State and Zip Code)

For further information concerning this matter, please call:

PATTY BAILLY-SUAREZ _____ at (305) 632-9027
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, PATTY BAILLY-SUAREZ

(Name of Registered Agent)

hereby resigns as Registered Agent for COCOPLUM AERO SERVICES, LLC

(Name of Corporation)

18000263447

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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.

Patty Suarez

(Signature of Resigning Agent)

If signing on behalf of an entity:

Patty Suarez

(Typed or Printed Name)

Manager

(Capacity)

2021 JAN 21 PM 6:14

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314