

4/8/2021

Division of Corporations

L19000002871

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : TAX ZONE INC.
Account Number : I20190000044
Phone : (407)888-3131
Fax Number : (888)453-0509

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: accountant@taxzonefl.com

**LLC REGISTERED AGENT RESIGNATION
AMATOSA INVESTMENTS LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$85.00 |

RECEIVED

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

21 APR -8 AM 2:33

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4210001400583

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMATOSA INVESTMENTS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000008871

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:

SANTIAGO ANGEL TOBON
Name of Person

Name of Firm/Company

399 E BURLINGHAM BLVD #1081
Address

TAVARES, FL 32778
City/State and Zip Code

ACCOUNTANT@TAXZONEFL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANTIAGO A TOBON at (407) 888-3131
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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#210001400583

STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY

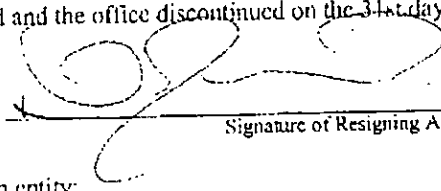
Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

JUAN D ANGEL _____, hereby resigns as
Name of Registered Agent

Registered Agent for AMATOSA INVESTMENT LLC
Name of Limited Liability Company

L19000008871
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:

JUAN D ANGEL
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

INHS17 (2/14)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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