

119000033282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

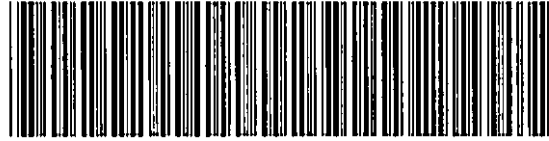
(Business Entity Name)

(Document Number)

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JAN 31 2021

S. YOUNG

FILED  
2020 DEC 16 AM 6:39  
U.S. DISTRICT COURT  
DISTRICT OF COLUMBIA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EXPOLATAM, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L19000033282

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:

YAN VALDES

Name of Person

VALDES CPA & ADVISORS, P.A.

Name of Firm/Company

848 BRICKELL AVE, SUITE 625

Address

MIAMI, FL 33131

City/State and Zip Code

YVALDES@VALDESCPA.COM

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

For further information concerning this matter, please call:

YAN VALDES

305

517-3309

Name of Person

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

VALDES CPA & ADVISORS, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for EXPOLATAM, LLC

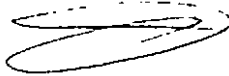
Name of Limited Liability Company

L19000033282

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:

YAN VALDES

Typed or Printed Name

PRESIDENT

Capacity

2020 DEC 16 AM 6:39

### **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