L19 000 129247

(Re	equestor's Name)	-		
(Ac	ddress)			
(Ac	ddress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
	ocument Number)			
(0	ocument number,			
ertified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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RECTION SEP 14 May

09/15/30--01009--015 ++85.80

1020 SEP 14 PM 3: 04

Ja 10/20/20



2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone 888-272-3725 Fax 800-603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

Date:

September 09, 2020

Vendor#

H1080

Florida Department of State

New Filing Section - Division of Corporations

PO Box 6327

Tallahassee, FL 32314

FAX:

TO:

EMAIL:

AE:

Cori Ann Crosthwaite

Email:

ccrosthwaite@myparacorp.co

Ref Number:

1449908

NAME:

AMAZON TROPICAL'S LLC

REGISTERED AGENT RESIGNATION FILING

State FL

Please return via: Regular Mail

PLEASE EMAIL OR FAX A COPY OF RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET 888-272-3725

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes	s, the undersigned,			
Rocket Lawyer Corporate Services LLC		, hereby resigns a	nereby resigns as		
	Name of Registered Agent				
Registered Agent for Al	MAZON TROPICAL'S LLC				-
	Name of Limited Liability Compa	ny		<u>-</u>	.,
L19000129267					
Document Nu	mber, if known				
A copy of this resignation	on was mailed to the above listed limite	d liability company at its la	ist known a	ddress.	
The agency is terminated	d and the office discontinued on the 31	st day after the date on which	ch this state	ment i	s filed.
	January of Resignature of Resign	ning Agent		202	
If signing on behalf of a	n entity:	\bigcirc	7.5	35 0	#834.∰+84 2 12
	EDNA PERRY			2020 SEP 14	ن به درمونها مدونها
	Typed or Printed Name		35 T		دين دين
	Asst. Secretary Rocket Lawye	r Corporate Servi	SEC	H	1 1 1
	Capacity		STATE	PH 3: 04	

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\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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