

L20000010309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

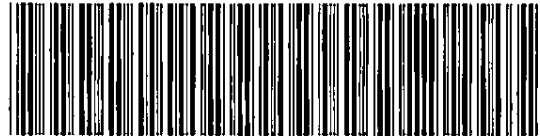
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Wm15

Office Use Only



700442182807

01/16/25--01017--006 \*\*25.00

FILED  
2025 JAN 16 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMAZONIA HOLY HERBS LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L20000610309

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:

MENDONCA, TOMAS HENRIQUE  
Name of Person

AMAZONIA HOLY HERBS LLC  
Name of Firm/Company

8256 Maritime Flag St Unit 1716  
Address

WINDERMERE, FL 34786  
City, State and Zip Code

documents@cyaninc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CYAN CONSULTANTS INC at ( 321 ) 710-2030  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

TOMAS HENRIQUE MENDONCA \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for AMAZONIA HOLY HERBS LLC \_\_\_\_\_

\_\_\_\_\_  
Name of Limited Liability Company

120000010309 \_\_\_\_\_

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:

TOMAS HENRIQUE MENDONCA \_\_\_\_\_

Typed or Printed Name

R.A. \_\_\_\_\_

Capacity

FILED  
2008 JAN 16 AM 8:32  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF STATE

## 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