# L21000013925

(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:						

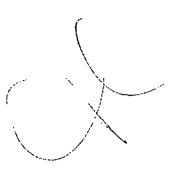
Office Use Only



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2022 AUG 23 AM 9: 20



#### **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUB.	ABS MINING LLC  Name of Limited Liabilit	v Company		
DOC	UMENT NUMBER: L21000013925	y company		
The e	nclosed Resignation of Registered Agent for a Limite ing.	ed Liability Company and fee ar	e subm	itted
Pleas	e return all correspondence concerning this matter to	the following:		
LISA	NDRO FRANKY			
	Name of Person	_		
INTE	RNATIONALTRADING CENTER LLC		2022 AUG 23	
	Name of Firm/Company	<del></del>	<b>1</b> UG	
777 N	W 72 AVE - SUITE 1075	÷;	23	- <del></del>
	Address	<del>-</del>	A :	
MIAM	II FL 33126	, <u>4</u> ;	AH 9: 20	
	City/State and Zip Code	_	9	
OFFIC	E@InternationalTradingCenter.com			
F	-mail address: (to be used for future annual report notification)	_		
For fi	arther information concerning this matter, please call:			
Lisano	tro Franky 305	4319360		
	Name of Person at ( Area Code	Daytime Telephone Number		
Enclo liabili limite	sed is a check made payable to the Florida Departme ty company or \$25.00 for an administratively dissolv d liability company.	nt of State for \$85.00 for an actived, voluntarily dissolved or wit	ive limi hdrawn	ted

#### **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 pro-	visions of section 605.0115, Florida Statutes, the	undersigned,				
INTERNATIONAL TRADING CENTER LLC			nereby resigns as			
	, moreoy realigns	uo				
Registered Agent for	ABS MINING LLC				•	
	Name of Limited Liability Company		,	<u>-</u>		
L21000013925						
Docume	ent Number, if known					
•	gnation was mailed to the above listed limited liab	, , ,		<b>~</b> 3		
The agency is term	inated and the office discontinued on the 31st day	after the date on which	ch this si		t is filed.	
	Signature of resigning A	gent	<u> </u>	AUG 23	- 7 Eq. ()	
If signing on behalf of an entity:		<b>G</b>	'' :	AM 9	: 00	
	LISANDRO FRANKY		<del>-</del> :	9: 20	-1262	
	Typed or Printed Name			0		
	CEO, Director					
	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