

L21000149030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

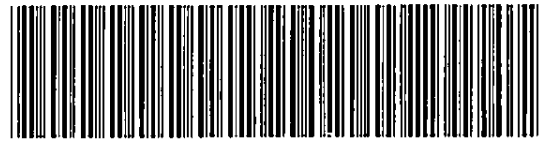
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/13/23--01016--013 **85.00

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2023 MAR 13 AM 11:03
CLERK OF SUPERIOR COURT
JULIA M. HARRIS, CLERK

RA Resignation

MAY 25 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WORLD BERRY TRADE LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000149030

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:

ELINA LINDERMAN

Name of Person

LA RUSA LLC

Name of Firm/Company

2380 DREW ST STE 2

Address

CLEARWATER, FL 33765

City/State and Zip Code

INFO@LARUSATAX.COM

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

For further information concerning this matter, please call:

ELINA LINDERMAN

Name of Person

at (813) 867-7111

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2023 MAR 13 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

LA RUSA LLC _____, hereby resigns as
Name of Registered Agent

Registered Agent for WORLD BERRY TRADE LLC _____

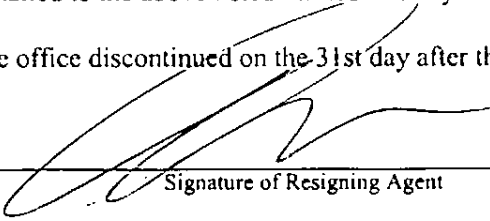
Name of Limited Liability Company

L21000149030 _____

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:

ELINA LINDERMAN _____

Typed or Printed Name

MANAGING 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

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SECRETARY OF STATE
TALLAHASSEE, FL