# L21000285298

(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
(- ), ,	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Sasmess Enar) (Williams)	
(Dannard Nordan)	
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#### **COVER LETTER**

SUBJECT: AVAS FRUITIE LEMONADES LLC  Name of Limited Liability	v Company
DOCUMENT NUMBER: L21000285298	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
Chelsea Chapman	
Name of Person	_
Legaline Corporate Services, INC.	
Name of Firm/Company	_
10601 Clarence Dr Ste 250	
Address	_
Frisco, TX 75033-3867	
City/State and Zip Code	-
ra@legalinc.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Chelsea Chapman at ( Name of Person Area Code	386-0178  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

#### **Street Address:**

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

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

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the unde	rsigned,		
Legaline Corporate Serv	ices, INC.	, hereby resigns a	S	
	Name of Registered Agent			
Registered Agent for A	VAS FRUITIE LEMONADES LLC			
	Name of Limited Liability Company			,
L21000285298				
Document N	umber, if known			
A copy of this resignati	on was mailed to the above listed limited liability	company at its las	t known a	ıddress.
The agency is terminate	ed and the office discontinued on the 31st day after	r the date on which	h this state	ement is file
	Children Chulp Signature of Resigning Agent	moun =	ائاد 1707	2
If signing on behalf of	an entity:	آء ا	SECHEN IS	र्ट क्युन्त् ट्रिक्ट
	Chelsea Chapman	3	, <del>4</del>	5 (m) - a: '
	Typed or Printed Name		'n	- 3-1-1
	On Behalf of Legaline Corporate Services, INC.	5	4. =	Z grang
	Capacity	1		

FILING FEES:

S 85.00 Active limited liability company
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