

L21000373456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

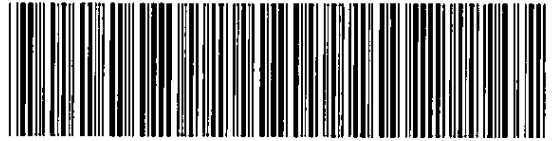
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CUSTOM SOLUTIONS R&F LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000373456

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:

Federico Kasslater

Name of Person

AMBR

Name of Firm/Company

10200 NW 25th Street Suite A-104

Address

MIAMI, FL 33172

City/State and Zip Code

Fred@av-solutions.com

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

For further information concerning this matter, please call:

Federico Kasslater

786

412-0557

Name of Person

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

_____, hereby resigns as
Name of Registered Agent

Registered Agent for Custom Solutions R&F LLC

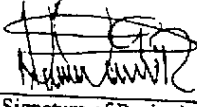
Name of Limited Liability Company

L21000373456

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:

Ricardo Tobon

Typed or Printed Name

AMBR

Capacity

FILED
2024 JUN 12 PM 3:14
TALLAHASSEE, FLORIDA
DEPT 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