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Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L22000130597**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LEGAL TEAM PLLC  
Account Number : 120210000040  
Phone : (786)307-2393  
Fax Number : (786)524-3342

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: ksuarez@legalteamservices.com

**LLC REGISTERED AGENT RESIGNATION**  
**STRATA FRESH, LLC**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$85.00

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STRATA FRESH, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L22000130597

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:

JOSE A. CAMINO

Name of Person

Name of Firm/Company

3535 S. OCEAN DRIVE, APT 1506

Address

HOLLYWOOD, FL 33019

City/State and Zip Code

JCAMINO@OREGONFOODSCORP.COM

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

For further information concerning this matter, please call:

KAREL SUAREZ

786

307-2393

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

THE LEGAL TEAM, PLLC

Name of Registered Agent

, hereby resigns as

Registered Agent for STRATA FRESH, LLC

Name of Limited Liability Company

L22000130597

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.

DocuSigned by:

Karel Suarez

86E13B00-C3A5-4F7D-971C-9895E903A228

Signature of Resigning Agent

If signing on behalf of an entity:

KAREL SUAREZ

Typed or Printed Name

MANAGER

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

INHS17 (2/14)

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