

L23000030010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

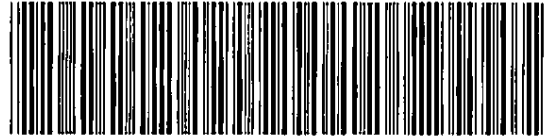
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300432879263

07/12/24--01020--012. **85.00.

FILED
2024 JUL 11 PM 3:23
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IONIA INTERNATIONAL TRADE LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L23000030010

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:

OZGUR O. CAGLAR

Name of Person

IONIA INTERNATIONAL TRADE LLC

Name of Firm/Company

401 69TH STREET, APT 1412

Address

MIAMI BEACH, FL 33141

City/State and Zip Code

OZGUR@IONIATRADE.COM

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

For further information concerning this matter, please call:

OZGUR O. CAGLAR

Name of Person

at (305)

Area Code

924-4958

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

MENDOZA, WILSON W, PHD

, hereby resigns as

Name of Registered Agent

Registered Agent for IONIA INTERNATIONAL TRADE LLC

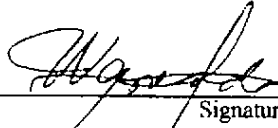
Name of Limited Liability Company

L23000030010

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:

Typed or Printed Name

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

FILED
2024 JUL 11 PM 3:23
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE