

L24000041218



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

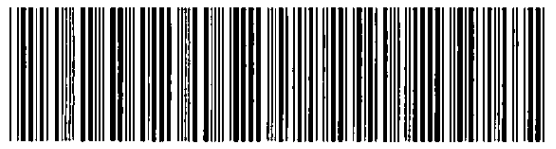
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 SEP 23 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMIR MARKETING, LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: L24000041218

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:

ANTHONY CALDERON
Name of Person

GO POSTAL SERVICES
Name of Firm/Company

820 SW FEDERAL HWY.
Address

STUART, FL. 34994
City/State and Zip Code

SUPPORT @ ELITEMAGAZINESERVICES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALDO JIMENEZ at (786) 468.0475
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

GO POSTAL SERVICES, LLC, hereby resigns as
Name of Registered Agent

Registered Agent for AMIR MARKETING, LLC

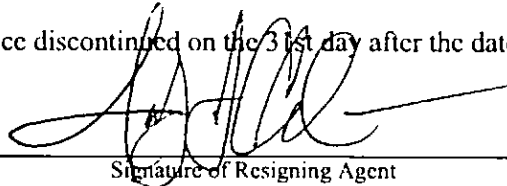
Name of Limited Liability Company

L24000041218

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:

ANTHONY CALDERON
Typed or Printed Name

GENERAL MGR
Capacity

2024 SEP 23 PM 4:47
STATE
TALLAHASSEE FL

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