

L-9800000606

(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



800174117628

04/05/10--01065--025 **85.00

FILED
10 APR -5 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

@

RAP
DE
4/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Aware Chemicals, L.L.C.
Name of Limited Liability Company

DOCUMENT NUMBER: L98000000606

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:

Monica C Fernandez
Name of Person

CBIZ MHM LLC
Name of Firm/Company

1200 Brickell Avenue, Suite 700
Address

Miami, Florida 33131
City/State and Zip Code

dirk.bohnes@lifefight.de
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica Fernandez at (305) 503-4212
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

*The mailing address of AWARE ~~LLC~~ Chemicals LLC
should be changed to: 1041 Harbor Court
Hollywood, FL 33019*

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

FILED

10 APR -5 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Monica C. Fernandez, CPA

Name of Registered Agent

, hereby resigns as

Registered Agent for

AWARE CHEMICALS, L.L.C.

Name of Limited Liability Company

L98000000606

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.

Monica C. Fernandez
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

10 APR -5 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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