MD60000004271

| (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: |
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| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status |
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Office Use Only

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COVER LETTER

TO:

Amendment Section Division of Corporations

Tallahassee, FL 32314

| SUBJECT: PETROCRYSTAL, LLC. | |
|--|--|
| | Liability Company) |
| DOCUMENT NUMBER: M06000004271 | |
| The enclosed Resignation of Registered Agent for a for filing. | a Limited Liability Company and fee are submitted |
| Please return all correspondence concerning this ma | atter to the following: |
| Manuel Cevallos | • |
| (Name of Person) | |
| | |
| (Name of Firm/Company) | |
| 255 Alhambra Circle #720 | |
| (Address) | |
| | : |
| Coral Gables, Florida 33134 | <u> </u> |
| (City/State and Zip Code) | |
| For further information concerning this matter, plea | se call: |
| Manuel Cevallos at (|) |
| (Name of Person) | Area Code & Daytime Telephone Number) |
| Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively limited liability company. | epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn |
| MAILING ADDRESS: | STREET ADDRESS: |
| Amendment Section | Amendment Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | Clifton Building |

2661 Executive Center Circle

Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Marie Sanak

| Pursuant to the provisions of section 608.416(2) or 608.509 | Florida Statutes, the undersigned, |
|---|--|
| Milton Fuentes | , hereby resigns as |
| (Name of Registered Agent) | , , , , , , , , , , , , , , , , , |
| Registered Agent for PETROCRYSTAL, LLC. | |
| | |
| (Name of Limited Liability C | Company) |
| M06000004271 | |
| (Document Number, if known) | |
| A copy of this resignation was mailed to the above listed lin | |
| The agency is terminated and the office discommund on the | Weller |
| If signing on behalf of an entity: | esigning Agent) |
| Milton Fuentes | ₽ ₩ 8 - |
| (Typed or Printed | Name) ASSEE, OF THE PARTY OF TH |
| (Capacity) | ED OF STATE E, FLORE |
| | ≥m ₹ |

FILING FEES: \$ 85.00 Active \$ 25.00 Admin Active limited liability company
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