

MO 9022001175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

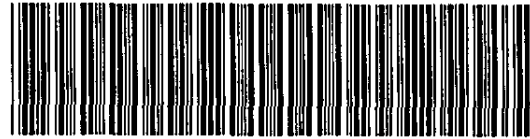
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B. KOHR



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13 MAY 20 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FUTURA INTERNATIONAL, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M09000001175

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:

KiKi Smith

Name of Person

Paracorp Incorporated

Name of Firm/Company

PO Box 160568

Address

Sacramento, CA 95816-0568

City/State and Zip Code

csmith@myparacorp.com

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

For further information concerning this matter, please call:

Ninh Ho

Name of Person

at (800) 533.7272

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
13 MAY 20 PM 3:20
TALLAHASSEE, FLORIDA
REGISTRATION SECTION

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Paracorp Incorporated

Name of Registered Agent

Registered Agent for **FUTURA INTERNATIONAL, LLC**

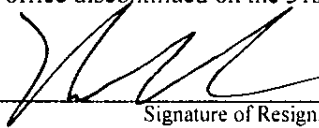
Name of Limited Liability Company

M09000001175

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:

Ninh Ho

Typed or Printed Name

Assistant Secretary

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

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13 MAY 20 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA