# M19000010913

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Orty/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

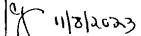
Office Use Only



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10/31/23--01010--023 \*+25.00





#### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: FIAL INTERNATIONAL LI	_C
Name of Limited Liability	Company
DOCUMENT NUMBER: M19000010913	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	•
9900 Spectrum Dr.	
Address	•
Austin, TX 78717	
City/State and Zip Code	•
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	•
For further information concerning this matter, please call:	
800	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the undersi	gned,
Name of Registered Agent		ereby resigns as
		eredy resigns as
Registered Agent for	FIAL INTERNATIONAL LLC	
	Name of Limited Liability Company	,
M19000010913		
Document	Number, it known	
A copy of this resigna	tion was mailed to the above listed limited liability co	mpany at its last known address.
The agency is termina	ited and the office discontinued on the 31st day after th	ne date on which this statement is filed.
	Signature of Resigning Agent	2023 OCT 31
If signing on behalf of	fan entity:	$\frac{\omega}{}$
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agen	ts, Inc.
	Capacity	<del></del> . ഗ

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