5/14/2018

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.

Account Number : 120020000100 Phone : (305)944-9755 Fax Number : (888)401-1914

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			





# REGISTERED AGENT RESIGNATION ASUCAR INTERNATIONAL CORPORATION

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations

# AR INTERNATIONAL CORPORATION

(Name of Corporation)

DOCUMENT NUMBER: P02000120862

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

## DANIEL CIFUENTES

(Name of Person)

## SILVAS FINANCIAL SERVICES

(Name of Firm/Company)

#### **5220 S UNIVERSITY DRIVE SUITE 102**

(Address)

## **DAVIE, FL 33328**

(City/State and Zip Code)

For further information concerning this matter, please call:

DANIEL CIFUENTES

(Name of Person)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address: Amendment Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

(((H18000149388 3)))

### RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, SILVAS FINANCIAL SERVICES, L.L.C.

(Name of Registered Agent)

hereby resigns as Registered Agent for ASUCAR INTERNATIONAL CORPORATION

(Name of Corporation)

#### P02000120862

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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.



If signing on behalf of an entity:

#### PEDRO LOPEZ

(Typed or Printed Name)

## **PRESIDENT**

(Capacity)

#### Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314