

POS0000024197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

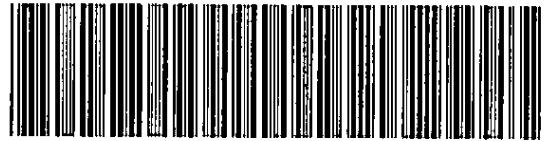
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

check for Admin. Diss

RRA

Office Use Only



500391969075

08/08/22--01014--014 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 AUG -8 AM 8:51

08/08/22

10:31:02

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tropical Dairy, Inc.
Name of Limited Liability Company

DOCUMENT NUMBER: P05000024197

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:

Mery Lopez
Name of Person

Mery Lopez P.A.
Name of Firm/Company

491 East Okeechobee Road
Address

Hialeah, FL 33010
City/State and Zip Code

MLOPEZ@lopezlawfl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mery Lopez at (305) 882-2739
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Mery Lopez P.A., hereby resigns as
Name of Registered Agent

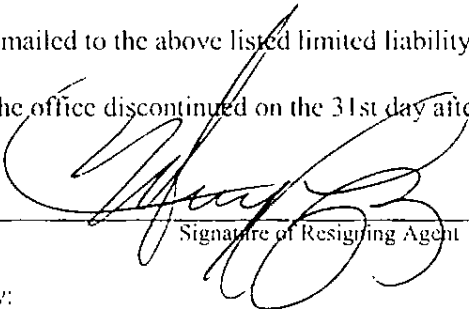
Registered Agent for Tropical Dairy, Inc.

Name of Limited Liability Company

P05000024197
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:

Typed or Printed Name

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