

PO8000030913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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12/22/08--01042--018 **85.00

01/16/09--01028--027 **37.50

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2009 JAN 16 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Resignation

TB

1-20-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WILNEXPORT DISTRIBUTORS, INC
(Name of Limited Liability Company)

DOCUMENT NUMBER: P08000030913

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:

Wilmar Marguez
(Name of Person)

WILNEXPORT DISTRIBUTORS INC
(Name of Firm/Company)

10100 NW 116 Way #14
(Address)

MCOLEY FL 33178
(City/State and Zip Code)

For further information concerning this matter, please call:

Wilmar Marguez at (305) 888-5566
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 6, 2009

WILMER MARQUEZ
WILNEXPORT DISTRIBUTORS, INC.
10100 NW 116 WAY #14
MEDLEY, FL 33178

SUBJECT: WILNEXPORT DISTRIBUTORS, INC.
Ref. Number: P08000030913

We have received your document for WILNEXPORT DISTRIBUTORS, INC. and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$2.50 is due.

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 509A00000170

FILED
2009 JAN 16 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
617.1509,
26

Florida Statutes, the undersigned,

NELSON M VIVALS

(Name of Registered Agent)

Will Export Distributors,
(Name of Corporation)
Inc.

(Name of Corporation)

708000630913

(Document Number, if known)

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)

Nelson U. Webb N/A
(Typed or Printed Name)

(Typed or Printed Name)

(Capacity)

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Tallahassee, FL 32314