P99000021311

(Re	questor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #)	
	_	_
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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Ra Rosignation

COVER LETTER

TO: Amendment Sect Division of Corpo			
SUBJECT: LINEA	R DISTRIBUTORS, INC.		
DOCUMENT NUMBE	- 1 /		
The enclosed Resignation	n of Registered Agent for a Corporation and fee are submitted for fili	ng.	
Please return all correspo	ondence concerning this matter to the following:		
FERNANDO	JAVIER SUAREZ		
(N	Jame of Person)		8 .
		7 DEC	
(Name	e of Firm/Company)	C 22	
5201 NW 777	TH AVE. STE 200_		2500 2500 1000 1000 1000 1000 1000 1000
	(Address)	ယ္မ	င္တိုင္
MIAMI, FL 33		PM 3: 44	Y OF STATE CORPORATIONS
(City/S	State and Zip Code)		55
For further information of	concerning this matter, please call:		
FERNANDO JAV	TER SUAREZ		
(Name of	Person) at () (Area Code & Daytime Telephone Number)		
Enclosed is a check made or \$35.00 for an adminis	le payable to the Florida Department of State for \$87.50 for an active stratively dissolved, voluntarily dissolved or withdrawn corporation.	corpo	ration
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	Post Office Box 6327		

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, Marcos J. Quintero	
(Name of Registered Agent)	
hereby resigns as Registered Agent for LINEAR DISTRIBUTORS, INC.	
(Name of Corporation)	
P99000021311	
(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.	
(Signature of Resigning Agent)	£
(Signature of Resigning Agent)	≾ %
If signing on behalf of an entity:	CAE TAR
(Typed or Printed Name)	2000 (1977)
(Typed or Printed Name)	Po Se
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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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)