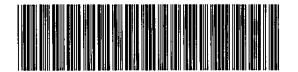
## L0500049319

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
		:





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RARES
(10) 2/3/15

## **COVER LETTER**

SUBJECT: AZIZ AND COMPANIES, L.L.C.  Name of Limited		
	Liability Company	
DOCUMENT NUMBER: L05000049369		
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted	
Please return all correspondence concerning this ma	atter to the following:	
NICOLE BENTIVEGNA		
Name of Person		
BEST CONSULTING		
Name of Firm/Company		
PO BOX 45157		
Address		
TAMPA, FL 33677		
City/State and Zip Code		
Ayva44@yahoo.com		
E-mail address: (to be used for future annual report noti	fication)	
For further information concerning this matter, plea	se call:	
at (	)	
Name of Person A	rea Code Daytime Telephone Number	
Enclosed is a check made payable to the Florida Deliability company or \$25.00 for an administratively liability company.	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limite	
MAILING ADDRESS:	STREET ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

INHS17 (2/14)

**TO:** Registration Section Division of Corporations

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

Pursuant to the provisions of section 605.011	15, Florida Statutes, the undersigned,
BEST CONSULTING	, hereby resigns as
Name of Registered Age	ent
Registered Agent for AZIZ AND COMPA	ANIES, L.L.C.
Name of Lin	mited Liability Company,
L05000049369	
Document Number, if known	<del></del>
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 disco	ontinued on the 31st day after the date on which this statement is filed.
Nicole	Bentuena Signature of Resigning Agent
If signing on behalf of an entity:	
NICOLE BENTI	IVEGNA Z
MGR	Typed or Printed Name  Capacity
	Capacity S S S S S S S S S S S S S S S S S S S
FILING \$ 85.00 \$ 25.00	G FEES:  Active limited liability company 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