

L05000049369

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AZIZ AND COMPANIES, L.L.C.
Name of Limited Liability Company

DOCUMENT NUMBER: L05000049369

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:

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 notification)

For further information concerning this matter, please call:

Name of Person at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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

BEST CONSULTING

, hereby resigns as

Name of Registered Agent

Registered Agent for **AZIZ AND COMPANIES, L.L.C.**

Name of Limited Liability Company

L05000049369

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.

Nicole Bentivegna
Signature of Resigning Agent

If signing on behalf of an entity:

NICOLE BENTIVEGNA

Typed or Printed Name

MGR

Capacity

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2016 FEB - 3 AM 11:48
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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withdrawn limited liability company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**