

L5000068276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

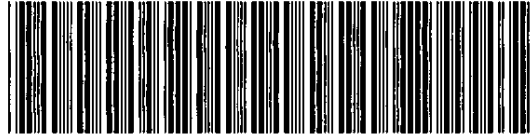
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TALLAHASSEE, FL 32304

AUG 25 2015  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 13, 2015

PINA YADONISI  
15800 PINES BLVD STE 331  
PEMBROKE PINES, FL 33027

SUBJECT: COMPUTICO INTERNATIONAL, LLC.  
Ref. Number: L05000068276

We have received your document for COMPUTICO INTERNATIONAL, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 815A00017098

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COMPUTICO INTERNATIONAL LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L 05000068276

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:

PINA YADONISI  
Name of Person

CASYA BUSINESS SOLUTIONS CORP.  
Name of Firm/Company

15800 PINES BLVD #331  
Address

PEMBROKE PINES, FL 33027  
City/State and Zip Code

CASYA BUSINESS @ GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PINA YADONISI at ( 954 ) 3625194  
Name of Person Area Code Daytime Telephone Number

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15 AUG -8 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

PINA YADONISI, hereby resigns as  
Name of Registered Agent

Registered Agent for COMPUTICO INTERNATIONAL LLC  
Name of Limited Liability Company

L 05000068276  
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]  
Signature of Resigning Agent

If signing on behalf of an entity:

PINA YADONISI  
Typed or Printed Name  
  
Capacity

**FILING FEES:**

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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15 AUG -6 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314