

L13000092461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

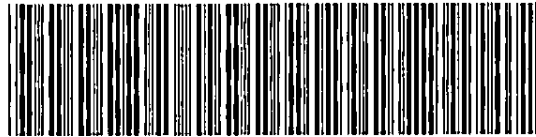
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000334007480

000334007480  
09/04/19--01013--018 \*\*295.00

19 SEP -4 AM 11:06

2019 SEP -4 AM 11:49

RECEIVED

APPROVED  
AND  
FILED

T GLASS

SEP 05 2019

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED RESIGNATION OF REGISTERED AGENT FOR:

AMOCARO, LLC

PLEASE RETURN A STAMPED COPY

CK# 8334 FOR: \$285.00 (\$25.00 for this filing)

THANK YOU!

2019 SEP -4 AM 11:49  
RECEIVED  
AND  
FILED

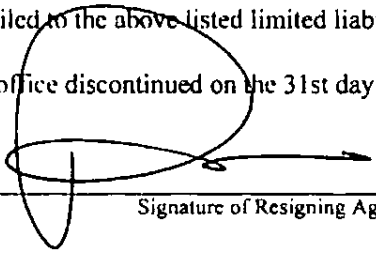
**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,  
**ATRIUM REGISTERED AGENTS, INC.**, hereby resigns as  
Name of Registered Agent

Registered Agent for **AMOCARO, LLC**  
Name of Limited Liability Company

**L13000092461**  
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 of Resigning Agent

If signing on behalf of an entity:

**RALPH A. NARDI**  
Typed or Printed Name  
**VICE PRESIDENT, DIRECTOR**  
Capacity

2019 SEP -4 AM 11:49  
APPROVED  
ADD  
FILED

**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withdrawn limited liability company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