

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L13000217283

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : US TAX CONSULTING INC
Account Number : I20160000060
Phone : (407)674-8969
Fax Number : (407)674-8970

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**LLC REGISTERED AGENT RESIGNATION
CBR 100% ITALIANA LLC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$85.00

Electronic Filing Menu

Corporate Filing Menu

Help

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

US TAX CONSULTING INC

, hereby resigns as

Name of Registered Agent

Registered Agent for CBR 100% ITALIANA LLC

Name of Limited Liability Company

L18000217283

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:

RODRIGO CAVALCANTE

Typed or Printed Name

ACCOUNTANT

Capacity

FILING FEES:

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withdrawn limited liability company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

FILED
2019 NOV 26 PM 2:38
TALLAHASSEE, FLORIDA