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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

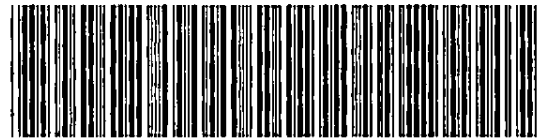
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 1, 2022

CHRISTOPHER REITANO  
PYROTECNICO OF FLORIDA, LLC  
18405 NORMANDEAU STREET  
SPRING HILL, FL 34610-6020

SUBJECT: PYROTECNICO OF FLORIDA, LLC  
Ref. Number: L02000000023

We have received your document for PYROTECNICO OF FLORIDA, 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) 245-6050.

Tammi Cline  
Regulatory Specialist II Supervisor

Letter Number: 422A00026514

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PYROTECNICO OF FLORIDA, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L02000000023

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:

CHRISTOPHER REITANO

Name of Person

PYROTECNICO FIREWORKS, INC.

Name of Firm/Company

18405 NORMANDEAU STREET

Address

SPRING HILL, FL 34610

City/State and Zip Code

CHRISREITANO@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER REITANO

727

364-1269

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

CHRISTOPHER REITANO

, hereby resigns as

Name of Registered Agent

Registered Agent for PYROTECNICO OF FLORIDA, LLC

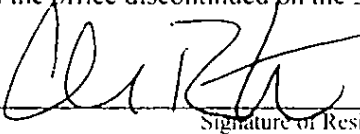
Name of Limited Liability Company

L02000000023

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:

CHRISTOPHER REITANO

Typed or Printed Name

FORMER REGISTERED AGENT

Capacity

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## 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