

L02000011020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

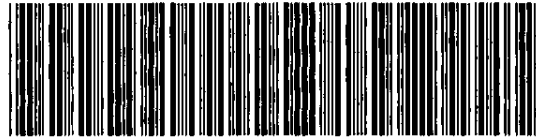
Special Instructions to Filing Officer:

RECEIVED

2009 NOV -4 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only



000162204360

11/03/09--01026--023 **85.00

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 NOV -3 A 8:41

RA Resign
Theris
11-5-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Stani's Garage, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L02000011020

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:

HENRIQUES, CARLOS
Name of Person

STANI'S GARAGE, LLC
Name of Firm/Company

101 SIDONIA AVE. #203
Address

CORAL GABLES FL 33134
City/State and Zip Code

stani@stanisgarage.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CENTENO, MARIA A at (786) 552-7282
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

HENRIQUES, EDUARDO J

Name of Registered Agent

, hereby resigns as

Registered Agent for

STANI'S GARAGE, LLC

Name of Limited Liability Company

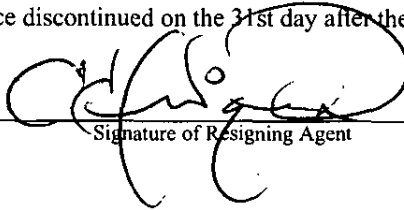
L02000011020

Document Number, if known

FILED
2009 NOV - 3 A 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Typed or Printed Name

Capacity

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