

105000004480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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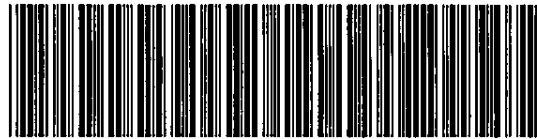
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 28, 2006

JUDITH A. LANDIS  
3859 KUMQUAT AVE.  
MIAMI, FL 33133

SUBJECT: FARFAN CM LLC  
Ref. Number: L05000004480

We have received your document for FARFAN CM LLC and your check(s) totaling \$60.00. 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. ✓

There is a balance due of \$50.00. ✓

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) 245-6984.

Deborah Bruce  
Document Specialist

Letter Number: 206A00068478

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: FARFAN CM. LLC  
(Name of Limited Liability Company)

DOCUMENT NUMBER: L05000004480

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:

JUDITH A. LANDIS  
(Name of Person)

FARFAN CM LLC  
(Name of Firm/Company)

3859 KUMQUAT AVE  
(Address)

MIAMI, FL. 33133  
(City/State and Zip Code)

For further information concerning this matter, please call:

JUDITH LANDIS at ( 305 ) 323-8388.  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
409 E. Gaines Street  
Tallahassee, FL 32399

# 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,

LUPITH A. LANDIS, hereby resigns as  
(Name of Registered Agent)

Registered Agent for FARFAN C.M. LLC  
(Name of Limited Liability Company)

L05000004480  
(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:

\_\_\_\_\_  
(Typed or Printed Name)  
\_\_\_\_\_  
(Capacity)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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