

LS000094093

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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

JAN 20 2016

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Casa De Fiesta, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L05000094093

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:

Charles N Cleland Jr PA  
Name of Person

Law Offices of Charles N Cleland Jr PA  
Name of Firm/Company

2127 Ringling Blvd, suite 104  
Address

Sarasota, FL 34237  
City/State and Zip Code

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

For further information concerning this matter, please call:

Charles N Cleland Jr PA (941) 955-1595  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

### STREET ADDRESS:

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

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

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

Andrew M Badolato, hereby resigns as of 12/31/08  
Name of Registered Agent

Registered Agent for Casa De Fiesta, LLC  
Name of Limited Liability Company

LO5000094093  
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.

Andrew Badolato  
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withdrawn limited liability company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

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