

L070000006768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

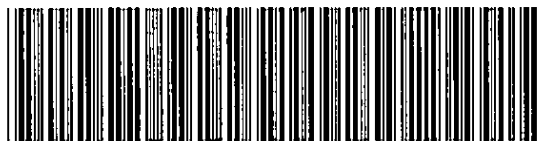
(Business Entity Name)

(Document Number)

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2021 AUG 13 PM 1:51
SEC. OF STATE
TALLAHASSEE, FL

2021
X 1150



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2021 AUG 13 PM 5:49

August 2, 2021

JOSEPH CABANAS
8350 NW 52ND TERRACE
SUITE 208
DORAL, FL 33166

SUBJECT: ANNESA ENTERPRISES, LLC
Ref. Number: L07000006768

We have received your document for ANNESA ENTERPRISES, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 121A00018052

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amesa Enterprises, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: 1.07000006768

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:

Joseph F. Cabanas

Name of Person

Cabanas & Associates, P.A.

Name of Firm/Company

8350 NW 52nd Terrace Suite 208

Address

Doral, Florida 33166

City/State and Zip Code

joe@cabanaspa.com

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

For further information concerning this matter, please call:

Joseph F. Cabanas

Name of Person

at (305)

Area Code

513-3639

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Cabanas & Associates, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for Annesa Enterprises, LLC

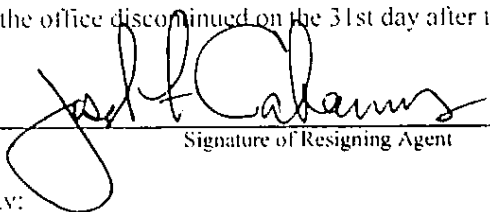
Name of Limited Liability Company

1.07000006768

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:

Joseph F. Cabanas

Typed or Printed Name

President

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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SECRETARY OF STATE
TALLAHASSEE, FL