

207 000126215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

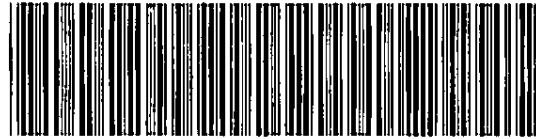
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 MAY 23 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CATERING REVIEW LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L07000126215

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:

PHILIP JOSEPHSON
Name of Person

STERLING BUSINESS LAW
Name of Firm/Company

3250 GRAND AVENUE, SUITE 202
Address

MIAMI, FL 33133
City/State and Zip Code

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

For further information concerning this matter, please call:

PHILIP JOSEPHSON at (305) 285-7970
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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,

STERLING BUSINESS LAW

_____, hereby resigns as
Name of Registered Agent

Registered Agent for CATERING REVIEWS LLC

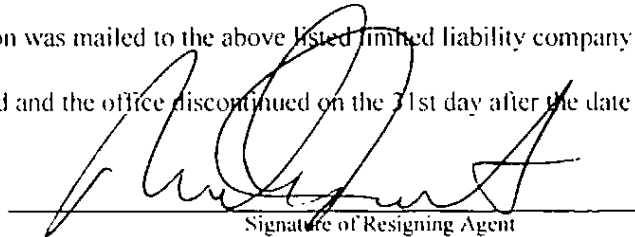
Name of Limited Liability Company

L07000126215

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

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2022 MAY 23 PM 4:32
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

If signing on behalf of an entity:

PHILIP JOSEPHSON

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