

LD8000004241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

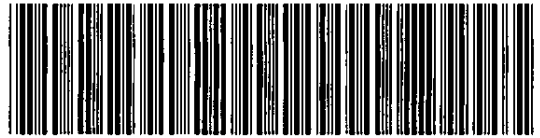
(Business Entity Name)

(Document Number)

Certified Copies _____ :Certificates of Status _____

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LACELITZ, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000004241

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:

ELISA FILORAMO
Name of Person

LACELITZ, LLC
Name of Firm/Company

10759 CANYON BAY LN.
Address

BOYNTON BCH, FL 33473
City/State and Zip Code

LACELITZ @GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELISA FILORAMO at (561) 573-3462
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

GEMDROPS, LLC, hereby resigns as
Name of Registered Agent

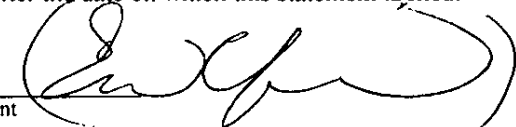
Registered Agent for LACELITZ, LLC

Name of Limited Liability Company


LO8000004241
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.

Gemdrops, LLC 
Signature of Resigning Agent

If signing on behalf of an entity:

ELISA FILORAMO 
Typed or Printed Name
MGR
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