

LO80000039499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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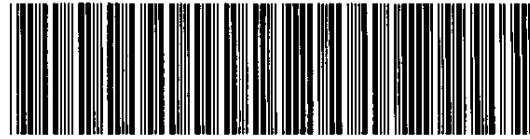
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Latoro LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000039499

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:

Aaron Swimmer  
Name of Person

Swimmer Law Associates PA  
Name of Firm/Company

1680 Michigan Ave., 1014  
Address

Miami Beach, Florida 33139  
City/State and Zip Code

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

For further information concerning this matter, please call:

Aaron Swimmer at ( 305 ) 535-0808  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Swimmer Law Associates, PA.

, hereby resigns as

Name of Registered Agent

Registered Agent for Latoro LLC

Name of Limited Liability Company

L08000039499

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:

Aaron Swimmer

Typed or Printed Name

M

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withdrawn limited liability company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**

14 SEP -8 11 22 AM  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS