

# LD8000076612

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 MAY - 2 PM 2:59

LLC RA Resign

MAY 15 2014

T. CARTER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AUGELLO, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000076612

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:

Roberto Gonzalez

Name of Person

Gonzalez & Partners CPAS LLC

Name of Firm/Company

2199 Ponce de Leon Blvd Ste200

Address

Coral Gables, FL 33134

City/State and Zip Code

rgonzalez@rgcpa.net

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

For further information concerning this matter, please call:

Roberto Gonzalez

Name of Person

at (305) 447-886

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**FABIO CIRAULO**

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for **AUGELLO, LLC**

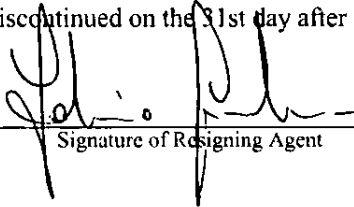
\_\_\_\_\_  
Name of Limited Liability Company

**L08000076612**

\_\_\_\_\_  
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:

**N/A**

\_\_\_\_\_  
Typed or Printed Name

**N/A**

\_\_\_\_\_  
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, FLORIDA  
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