

L08000095043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

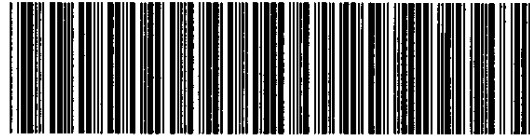
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000252543270

10/18/13--01027--011 \*\*85.00

FILED  
2013 OCT 18 PM 12:20  
CLERK OF STATE  
TALLAHASSEE FLORIDA

OCT 21 2013

D. PRUCE

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: **Capone's Hideaway**

Name of Limited Liability Company

DOCUMENT NUMBER: **L08000095043**

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:

**Anthony Musso**

Name of Person

**Capone's Hideaway**

Name of Firm/Company

**1124 Colonades Drive**

Address

**Fort Pierce, FL 34949**

City/State and Zip Code

**musoanthony@yahoo.com**

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

For further information concerning this matter, please call:

**Anthony Musso**

Name of Person

at ( **863** ) **514-5377**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED  
2013 OCT 18 PM 12:20  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

## 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,

Anne E. Holleman

Name of Registered Agent

, hereby resigns as

Registered Agent for Capone's Hideaway, LLC

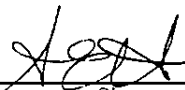
Name of Limited Liability Company

L08000095043

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:

Typed or Printed Name

Capacity

**FILED**  
2013 OCT 18 PM 12:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

### **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