

UD8000106903

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11 DEC 16 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
DEC 19 2011  
EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Carnaval Restaurant LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000106903

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:

Darline Clervaux  
Name of Person

Carnaval Restaurant LLC  
Name of Firm/Company

3691 Evans Avenue, suite 207  
Address

Fort Myers, Florida, 33901  
City/State and Zip Code

carnavalproduction@yahoo.ca  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darline Clervaux at ( 239 ) 634-2272  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**FILED**  
**11 DEC 16 PM 2:40**  
**SECRETARY 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,

Darline Clervaux

Name of Registered Agent

, hereby resigns as

Registered Agent for Carnaval Restaurant LLC

Name of Limited Liability Company

L08000106903

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:

Darline Clervaux

Typed or Printed Name

Registered Agent

Capacity

**FILED**  
11 DEC 16 PM 2:40  
SECRETARY 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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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