# #L0900043018

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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K. SALY EXAMINER

JUN 1 2012



May 15, 2012

ELSIE GRECIANO P.O. BOX 521763 LONGWOOD, FL 32752

SUBJECT: GRECO GRANITE, LLC

Ref. Number: L09000043018

We have received your document for GRECO GRANITE, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Letter Number: 912A00014354

Karen A Saly Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

SUBJECT: GRECO GRANITE, LLC  Name of Limited Liability Company
Name of Limited Liability Company / DOCUMENT NUMBER: LØ900043018
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:
Else Ereciano  Name of Person
Sieco 6 conite  Name of Firm/Company
P.O. Box 521763  Address
Lonswood, FC 32752 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ebie Greciano at 407 574. 3486  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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

TO:

Amendment Section Division of Corporations

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 sec	tion 608.416(2) or 608.509,	, Florida Statutes, the under	rsigned,
Elsie Gr	eciano	, hereby resig	gns as
Name of	Registered Agent	,, <b>, c</b>	五二 3
Registered Agent for	ew 6ra	rite, UC	
	Name of Limited Liability Co	mpany	
L09000	0043018		35
Document Number, if I	known		
A copy of this resignation was r	nailed to the above listed lin	nited liability company at it	s last known address.
The agency is terminated and th	e office discontinued on the		which this statement is filed.
If signing on behalf of an entity	-	asguing Agont	
	Typed or Printed N	Vaine	
	Capacity		

Active limited liability company
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