

LO900004229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

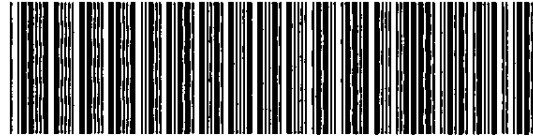
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
13 MAR 25 AM 11:56

MAR 26 2013

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PAWOL TAFYA  
Name of Limited Liability Company

**DOCUMENT NUMBER:** STATE REF ID # L09000044229

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:

Stephany David  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

1508 Bay Rd #305  
Address

Miami Beach FL 33139  
City/State and Zip Code

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

For further information concerning this matter, please call:

Stephany David at (305) 735-1201  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## 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,

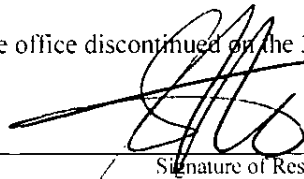
Stephany David, hereby resigns as  
Name of Registered Agent

Registered Agent for PAWOL TAFYA, LLC  
Name of Limited Liability Company

LO9000044229  
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

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DIVISION OF CORPORATIONS  
13 MAR 25 AM 11:56

### **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