

L090000063382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

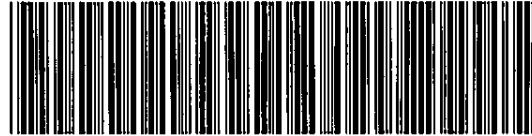
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 DEC 29 PM 1:57

DEC 31 2014
T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C TAVARES FINANCIAL LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L09000063382

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:

CARLOS A. RODRIGUES

Name of Person

Name of Firm/Company

1035 HARBOR LAKE DRIVE STE A-1

Address

SAFETY HARBOR, FL 34695

City/State and Zip Code

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

For further information concerning this matter, please call:

CARLOS A. RODRIGUES

Name of Person

at (727) 623-4980
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

RECEIVED
14 DEC -1 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2014

CARLOS A RODRIGUES
1035 HARBOR LAKE DRIVE STE A-1
SAFETY HARBOR, FL 34695 US

SUBJECT: C TAVARES FINANCIAL LLC
Ref. Number: L09000063382

We have received your document for C TAVARES FINANCIAL LLC. However, the document has not been filed and is being returned for the following:

The fee to resign as registered agent of an inactive limited liability company is \$25.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 714A00025545

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CARLOS A. RODRIGUES

, hereby resigns as

Name of Registered Agent

Registered Agent for **C TAVARES FINANCIAL LLC**

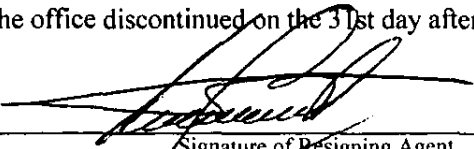
Name of Limited Liability Company

L09000063382

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:

Carlos Rodrigues
Typed or Printed Name

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 DEC 29 PM 1:57