

LD9600074283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

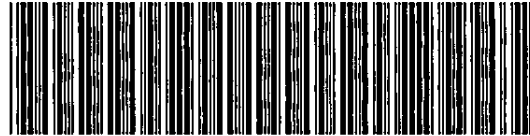
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LECANTO Mobil LLC
Name of Limited Liability Company

DOCUMENT NUMBER: W09000074283

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:

Srinivas Maddali

Name of Person

Name of Firm/Company

PO Box 452

Address

Ledgewood NJ 07852

City/State and Zip Code

smaddalirx@yahoo.com

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

For further information concerning this matter, please call:

Sam MADDALI

Name of Person

at (973) 945-5165

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

SRINIVAS MADDALI, hereby resigns as
Name of Registered Agent

Registered Agent for LOCANTO MOBIL LLC

Name of Limited Liability Company

L090000074283

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.

Srinivas Maddali

Signature of Resigning Agent

If signing on behalf of an entity:

Srinivas Maddali

Typed or Printed Name

MANAGING MEMBER

Capacity

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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