

L09000078220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

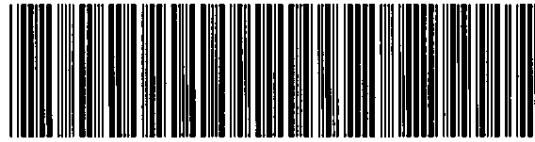
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Ricotta & Cheese Factory LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000078220

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:

Jon Villecco

Name of Person

The Ricotta & Cheese Factory, LLC

Name of Firm/Company

4241 LB Mcleod Rd, Ste D

Address

Orlando, FL 32811

City/State and Zip Code

rcforlando@gmail.com

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

For further information concerning this matter, please call:

Jon Villecco

Name of Person

at ( 407 ) 826-1567

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

**Brian Velez**

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for **The Ricotta & Cheese Factory, LLC**

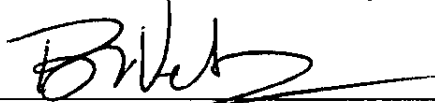
\_\_\_\_\_  
Name of Limited Liability Company

**L09000078220**

\_\_\_\_\_  
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

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

TALLAHASSEE, FLORIDA  
14 FEB -5 2014 26

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**