L09000090622

| Sophie Bouchenot (Requestor's Name) | | | |
|---|--|--|--|
| Minpola Consulting Inc | | | |
| (Address) (Address) (Address) (Address) | | | |
| (Address) U (Address) U (Address) U (City/State/Zip/Phone #) | | | |
| | | | |
| 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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SEP 08 2010

EXAMINER

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Durcument to the more icions of | esserion 60% 116(2) or 60% 50%. Florida Statutes, the undersigned | |
|---|---|---|
| Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned. | | |
| | ERICO OLIVIERI , hereby resigns as | |
| | | 1 |
| Registered Agent for | LA KAZ A SLO, LLC | |
| | | 1 |
| | Name of Limited Liability Company | j |
| | | 1 |
| L09000090622 Exement Number, if known | | |
| PACHINAL DANKS | 12 PTB/MI | • |
| A copy of this resignation wa | is marked to the above fisted 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 | |
| f signing on behalf of an ent | in. | |
| i signing on octain of air circ | ••• | |
| | Typed or Printed Name | |
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| | Capacity | SEP -3 |
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| • | | -3 AM 8:4 |
| | FILING FEES: | À ₹ |
| | \$ 85,00 Active limited liability company \$ 25,00 Administratively dissolved/voluntarily dissolved/ | 0RAT 8: 4 |
| | withdrawn limited liability company | |
| | | ₩ |
| 11 | ake checks payable to Flurida Department of State and mail to: | • |
| .46 | Divising of Corporations | • |
| | P.O. Box 6327 Tallahassee, FL 32314 | |
| | e guignia vert, FL, Júly 9 | |
| t to total to a contract to | | • |
| NHS17 (68.05) | | |
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