

L1000000 4834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

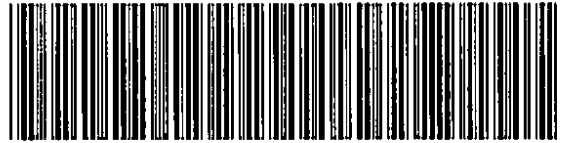
(Business Entity Name)

(Document Number)

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CLERK OF COURT  
JULIA A. LUTHER

RA/RES

MAR 24 2020

LAI BRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sumantra Consulting, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000004834

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:

Donald B. VanderSluis  
\_\_\_\_\_  
Name of Person

Sumantra Consulting, LLC  
\_\_\_\_\_  
Name of Firm/Company

P.O. Box 5272  
\_\_\_\_\_  
Address

Sarasota, FL 34277  
\_\_\_\_\_  
City/State and Zip Code

slice.srq@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald B. VanderSluis at ( 941 ) 587-6341  
\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company: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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

InCorp Services, Inc.

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

Registered Agent for Sumantra Consulting, LLC

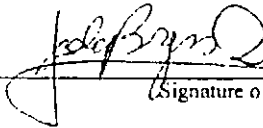
\_\_\_\_\_  
Name of Limited Liability Company

L10000004834

\_\_\_\_\_  
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:

Isabel Burgos

\_\_\_\_\_  
Typed or Printed Name

Secretary

\_\_\_\_\_  
Capacity

### **FILING FEES:**

~~\$ 85.00~~

\$ 25.00

Active limited liability company

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