# L10000018652

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CONTACT:	RICKY SOT	<u>o</u>					
DATE:	10/08/2013						
REF. #:	<u>8918954</u>						
CORP. NAME:	VARELLI, I	LLC					
( ) ARTICLES OF INCO ( ) ANNUAL REPORT ( ) FOREIGN QUALIFIC ( ) REINSTATEMENT ( ) CERTIFICATE OF C (XX) OTHER: RESIGNAT	CATION  ANCELLATION  TION OF AGENT  REPAID WI	ТН СНЕСК#	k/service mar rtnership \$ 70008085 FC	OR \$ <u>85.00</u>	RTICLES OF D ICTITIOUS NA MITED LIABII VITHDRAWAL	-8 FT 1340T-8 FN 1:2	
	COST LIMIT: \$						
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Examiner's Initials

### **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Varelli, LLC  Name of Limited Liability Company	
DOCUMENT NUMBER: L10000018632	
The enclosed Resignation of Registered Agent for a Limited Liability Company and for filing.	fee are submitted
Please return all correspondence concerning this matter to the following:	
Christopher B. Tillson, Esq.  Name of Person	
K&L Gates LLP  Name of Firm/Company	35 N
200 South Biscayne Blvd, 39th Floor	2018 OCT -1
Miami, FL 33131  City/State and Zip Code	M E P
E-mail address: (to be used for future annual report notification)	1: 06
For further information concerning this matter, please call:	
Chistopher B. Tillson 305 539 3300	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET ADDRESS:

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Area Code & Daytime Telephone Number

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.	509, Florida Statutes, the undersigned,
Christopher B. Tillson, Esq.	, hereby resigns as
Name of Registered Agent	
Registered Agent for Varelli, LLC	
Name of Limited Liability	y Company
L10000018632	
Document Number, if known	
A copy of this resignation was mailed to the above listed	
The agency is terminated and the office discontinued on Signature of S	of Resigning Agent
If signing on behalf of an entity:	FISHER DE
Typed or Print	led Name
Canacity	

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