

L100000033090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100272143441

04/27/15--01060--020 **330.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2015 APR 27 AM 10:02

Res/RA
@ 5/5/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MONTERREY MARKET II, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000033090

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:

GARY SMIGIEL

Name of Person

GARY SMIGIEL, INC.

Name of Firm/Company

PO BOX 540669

Address

LAKE WORTH, FL 33454

City/State and Zip Code

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

For further information concerning this matter, please call:

GARY SMIGIEL

Name of Person

at (

561

) Area Code

968-3605

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

GARY SMIGIEL

, hereby resigns as

Name of Registered Agent

Registered Agent for

MONTERREY MARKET II, LLC

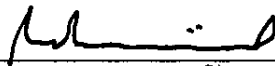
Name of Limited Liability Company

L10000033090

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 APR 27 AM 10:02