1100000145750

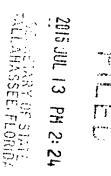
| (Re | questor's Name) | · |
|-------------------------|--------------------|---|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | , |

Office Use Only



000274846820

07/13/15--01027--023 **25.00



JUL 1 4 2015 Y SULKER

COVER LETTER

TO: Registration Section

GUILTLESS ENTERPRISES, LLC

SUBJECT:

Name of Limited Liability Company

DOCUMENT NUMBER:

L1000045750

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:

JENNY PAEZ

Name of Person

Name of Firm/Company

Sala West Fark Avenue

Address

Lallahassee Fark Avenue

Address

Louis Sala Ad

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

JENNY PAEZ

For further information concerning this matter, please call:

Name of Person

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

Daytime Telephone Number

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 605.0115, JENNY PAEZ | Florida Statutes, the undersigned, , hereby resigns as | |
|--|--|--|
| Name of Registered Agent | , nereby resigns as | |
| Registered Agent for | PRISES, LLC | |
| Name of Limite | d Liability Company | |
| L10000045750 | | |
| Document Number, if known | - | |
| A copy of this resignation was mailed to the abo | ove listed limited liability company at its last known address. | |
| | nued on the 31st day after the date on which this statement is filed | |
| If signing on behalf of an entity: | SEE FLOOR | |
| Туро | rd 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