

L1000081121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

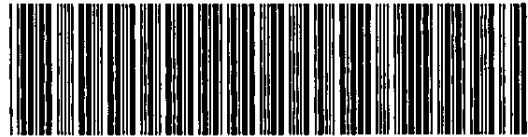
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

N. Culligan JUL 19 2013

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rancho EstamSur
Name of Limited Liability Company

DOCUMENT NUMBER: L10000091121

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:

Moserto Nieto
Name of Person

Rancho EstamSur LLC
Name of Firm/Company

19130 S.W. 177th Ave
Address

Miami, FL 33187
City/State and Zip Code

nnieto2@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Moserto Nieto at (954) 294-0021
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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

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,

Moserto Nieto, hereby resigns as
Name of Registered Agent

Registered Agent for Mancho EstanSur, LLC
Name of Limited Liability Company

L10060081121
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]
Signature of Resigning Agent

If signing on behalf of an entity:

registered agent
Typed or Printed Name
Capacity

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TALLAHASSEE, FLORIDA

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withdrawn limited liability company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