

L11000027278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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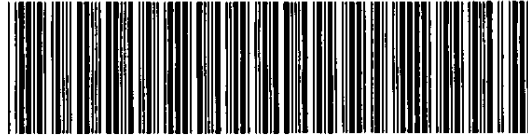
(Business Entity Name)

(Document Number)

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CLERK OF COURT  
TALLAHASSEE, FLORIDA

JUL 22 2015

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** La Biela LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L11000027278

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:

Cesar Shlain  
Name of Person

Name of Firm/Company

2020 NE 163 ST 300D  
Address

Miami, FL, 33162  
City/State and Zip Code

consultingsolution@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cesar Shlain at ( 754 ) 227-4895  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

INHS17 (2/14)

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

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

Shlain, Cesar C

, hereby resigns as

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

Registered Agent for La Biela LLC

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

L11000027278

\_\_\_\_\_  
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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 JUL 20 AM 8:24

FILED

### **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