

L11 0000 79403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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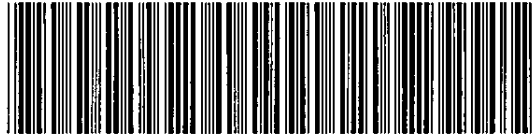
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 11 2015

J SHIVERS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SAN FELIPE ENTERPRISES, LLC (FL. DOM.)  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L11000039403

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:

THERESA ALFIERI

Name of Person

NRAI SERVICES, INC.

Name of Firm/Company

111 EIGHTH AVENUE 13TH FLOOR

Address

NEW YORK, NY 10011

City/State and Zip Code

Theresa.Alfieri@Wolterskluwer.com

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

For further information concerning this matter, please call:

THERESA ALFIERI at ( 212 ) 894-8516

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (12/13)

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

NRAI Services, Inc. \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for SAN FELIPE ENTERPRISES, LLC (FL. DOM.)

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

L11000039403

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.

NRAI Services, Inc.

By: \_\_\_\_\_

Signature of Resigning Agent

If signing on behalf of an entity:

NRAI SERVICES INC. - Theresa Alfieri

Typed or Printed Name

Assistant Secretary

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

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