

271000058958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

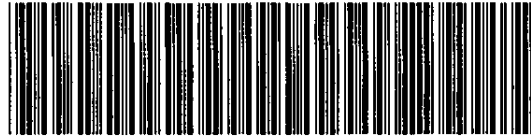
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

D. BRUCE

JAN 02 2013

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Luna Bertolotti LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L11000058958

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:

Luna Bertolotti

Name of Person

Luna Bertolotti LLC

Name of Firm/Company

2000 north Bayshore drive, apt# ~~2000~~ 217

Address

Miami, FL, USA, 33137

City/State and Zip Code

lunabertolotti@gmail.com

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

For further information concerning this matter, please call:

Luna Bertolotti

Name of Person

at (786) 4445628

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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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,

Manuel Suarez

, hereby resigns as

Name of Registered Agent

Registered Agent for Luna Bertolotti LLC

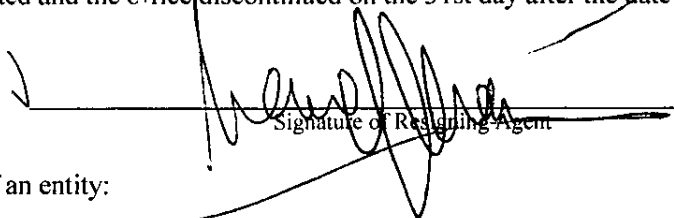
Name of Limited Liability Company

L11000058958

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:

MANUEL SUAREZ INCLAN

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00

Active limited liability company

\$ 25.00

Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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