

L11000100248

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TALLAHASSEE, FLORIDA

JUL 20 2015
11:15 AM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sirena Island Day Spa, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: # L11000100248

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:

SHARON GAZA
Name of Person

SIRENA ISLAND DAY SPA
Name of Firm/Company

211 Nassau St S
Address

Venice FL 34285
City/State and Zip Code

leap610@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Gaza at (941) 408 4415
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Sharon K. Gaza

Name of Registered Agent

, hereby resigns as

Registered Agent for Sirena Island Day Spa, LLC

Name of Limited Liability Company

L1000100248

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.

Sharon K. Gaza

Signature of Resigning Agent

If signing on behalf of an entity:

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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