

L11000111594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

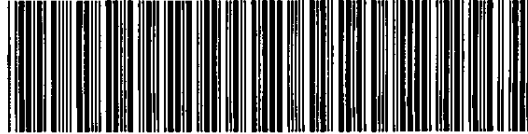
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500272143405

04/27/15--01047--001 **85.00

RECEIVED
FBI
DIVISION OF INVESTIGATION
15 APR 27 PM 2:53

C.L.
5-4-15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CALDERONI BUSINES LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000111594

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:

KELLY GARCES

Name of Person

GARCES LAW FIRM PA

Name of Firm/Company

2655 LEJEUNE ROAD

Address

CORAL GABLES, FL 33134

City/State and Zip Code

RAFAELOSCARCOCHA@GMAIL.COM

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

For further information concerning this matter, please call:

KELLY GARCES

Name of Person

at (305) 9293110

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

GARCES LAW FIRM PA

, hereby resigns as

Name of Registered Agent

Registered Agent for **CALDERONI BUSINESS LLC**

Name of Limited Liability Company

L11000111594

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:

KELLY GARCES

Typed or Printed Name

PRESIDENT

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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 APR 27 PM 2:53

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CALDERONI BUSINES LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L11000111594

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:

KELLY GARCES

Name of Person

GARCES LAW FIRM PA

Name of Firm/Company

2655 LEJEUNE ROAD

Address

CORAL GABLES, FL 33134

City/State and Zip Code

RAFAELOSCARCOCHA@GMAIL.COM

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

For further information concerning this matter, please call:

KELLY GARCES

Name of Person

at (305) 9293110

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