L12000012565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

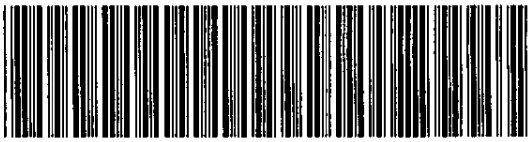
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200265698042

10/30/14--01029--014 **85.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT 30 PM 12:20

NOV 13 2014
T. CARTER

LLC RA Resign

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOTTICELLI ADVISORS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000012565

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:

CRAIG T. GALLE, ESQ
Name of Person

THE GALLE LAW GROUP, P.A
Name of Firm/Company

13501 South Shore Blvd #103
Address

WELLINGTON, FL 33414
City/State and Zip Code

POLOLAWYER@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRAIG T. GALLE at (561) 798-1708
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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

CRAIG T. GALLE, hereby resigns as
Name of Registered Agent

Registered Agent for BOTTICELLI ADVISORS, LLC

Name of Limited Liability Company

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT 30 PM 12:20

L12000012565
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

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

INHS17 (2/14)