

212000043552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

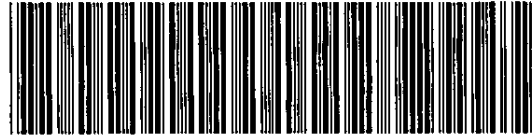
(Business Entity Name)

(Document Number)

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CLERK OF COURT
TALLAHASSEE FLORIDA

FEB 06 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Central Florida Cheese, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000043552

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:

Jon Villecco

Name of Person

Central Florida Cheese, LLC

Name of Firm/Company

4241 LB Mcleod Rd, Ste D

Address

Orlando, FL 32811

City/State and Zip Code

cflcheese@gmail.com

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

For further information concerning this matter, please call:

Jon Villecco

Name of Person

at (407) 250-6925

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Brian Velez

, hereby resigns as

Name of Registered Agent

Registered Agent for **Central Florida Cheese, LLC**

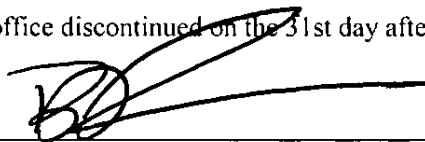
Name of Limited Liability Company

L12000043552

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

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE