

L12000056093

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TALLAHASSEE, FLORIDA

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J. SAULSBERRY
EXAMINER
JUN 14 2013

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Esparto y Lona, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000056093

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:

Silvia Arroyo
Name of Person

Name of Firm/Company

218 SE 14 St Apartment # 1903
Address

Miami FL 33131
City/State and Zip Code

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

For further information concerning this matter, please call:

Silvia Arroyo at (786) 9756443
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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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OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

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,

Silvia Arroyo

, hereby resigns as

Name of Registered Agent

Registered Agent for **Esparto y Lona, LLC**

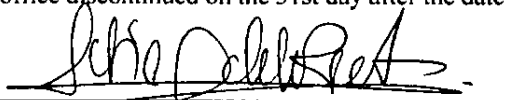
Name of Limited Liability Company

L12000056093

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

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2013 JUN 13 AM 8:12
STATE DEPARTMENT OF STATE
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**