

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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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2013 JUN 13 AM 8:12  
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**

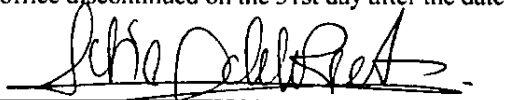
Name of Limited Liability Company

**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**