

412000069267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

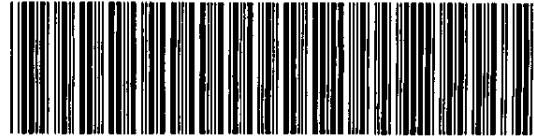
(Business Entity Name)

(Document Number)

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*AP Res...*

T. LEVINSKY

DEC 10 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** La Fontana D' orazio, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L120000 69267

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:

Horacio De Gerzua  
Name of Person

LA FONTANA D' ORAZIO, LLC  
Name of Firm/Company

550 Billmore way, Suite 200  
Address

Coral Gables, FL 33134  
City/State and Zip Code

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

For further information concerning this matter, please call:

Horacio De Gerzua at (786) 238-3793  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

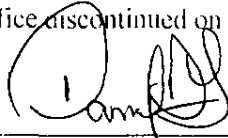
Daniel De Grazia, hereby resigns as  
Name of Registered Agent

Registered Agent for La Fontana D'orazio, LLC  
Name of Limited Liability Company

L12000069267  
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:

Daniel De Grazia  
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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED