

42000069267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

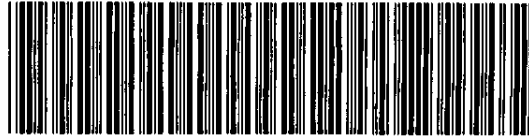
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEVINE

DEC 10 2014

COVER LETTER

TO: Registration Section
Division of Corporations

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

DOCUMENT NUMBER: 12000069267

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 GERAZIA
Name of Person

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

550 Billmore way, Suite 200
Address

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

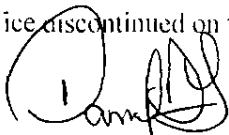
Daniel De Grazia, hereby resigns as
Name of Registered Agent

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

L 12000069267
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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TALLAHASSEE, FLORIDA