# L12000070687

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					
<u> </u>					

Office Use Only

B. KOHR

DEC 3 1 2012

**EXAMINER** 



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11/09/12--01013--025 \*\*87.50

12 DEC 28 FM 1: 04
SECRETARY OF STATE
ALLAHASSEE, FLORIDA





November 28, 2012

DAVID ALVAREZ 6919 WEST 36 AVE., #103 HIALEAH, FL 33018

SUBJECT: SOPHIE'S RICE & JR'S PUDDING LLC

Ref. Number: L12000070687



We have received your document for SOPHIE'S RICE & JR'S PUDDING LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have sent a Registered Agent Resignation form, but our records don't indicate that David Alvarez is now or ever was the Registered Agent for SOPHIE'S RICE & JR'S PUDDING LLC.

However, David Alvarez is listed as a Managing Member of the company.

Did you mean to file a Managing Member Resignation? If so, please complete, sign, and return the enclosed Managing Member Resignation form.

Since the cost to file this form is only \$25.00, please also include a request to refund your \$62.50 overpayment.

Please tell us to whom the refund check should be made payable, and where it should be mailed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr Regulatory Specialist II

Letter Number: 412A00028358

#### **COVER LETTER**

TO: Amendment Section Division of Corporations	70 TO 1971
SUBJECT: Sophie's Rice & Jr's Pudding \(\alpha\alpha\cdot\)	28
(Name of Corporation)  DOCUMENT NUMBER: L12000070687	SEERING
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fi	iling.
Please return all correspondence concerning this matter to the following:	P.
David Alvarez	
(Name of Person)	
N/A	
(Name of Firm/Company)	
6919 W 36 Ave # 103	
(Address)	
Hialeah, Fl. 33018	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
David Alvarez (Name of Person)  at (786) 506-4417 (Area Code & Daytime Telephone Number)	

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

#### **COVER LETTER**

TO: Registration Section Division of Corporations	ALCO DES TO
SUBJECT: Sorries Lice & J. P.'s (Name of Limited Liability Com	Pod-no 2.1.
The enclosed member, managing member or manager resigniling.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:  Savis Awazez  (Contact Person)  (Firm/Company)  (Address)	-
(City/State and Zip Code)  For further information concerning this matter, please call:	_
(Name of Contact Person) at (786 (Area Code	506-4417
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D  \$25 Filing Fee  \$35 Filing Fee	Department of State for: 655 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		it appears on the records of the	
of State is:	mes Lice &	J.2.5 20521NO	<u> </u>
<b>54.</b>			
	ility company was organized		
5 <del>7</del> 777	e of Francis	·	
3. The Florida docu	ument/registration number of	this limited liability company	is:
L1200	0070687	<b>.</b>	
11	Acres 2	, hereby resign as a	and the second
(Print N	lame of Person Resigning)	, nereby resign as a z z z	(Print Title)
	bility company and affirm the	limited liability company has	
H	Hall	•	
Signature of Resi	igning Member, Managing M	ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Conv.	\$30.00 (Ontional)		