

2/2000094606

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2014 MAR 17 PM 2:10

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASA MOFONGO LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000094606

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:

DALIA CANTOR

Name of Person

CPA SOLUTIONS INC

Name of Firm/Company

13000 AVALON LAKE DRIVE #303

Address

ORLANDO, FL 32828

City/State and Zip Code

ASH@MYCPASOLUTIONS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ASH MENON

Name of Person

at (321) 221-0175

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2014 MAR 17 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

AVALON PARK ACCOUNTING

, hereby resigns as

Name of Registered Agent

Registered Agent for **CASA MOFONGO LLC**

Name of Limited Liability Company

L12000094606

Document Number, if known

2014 MAR 17 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

DALIA CANTOR

Typed or Printed Name

MANAGING MEMBER

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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