

L12060108746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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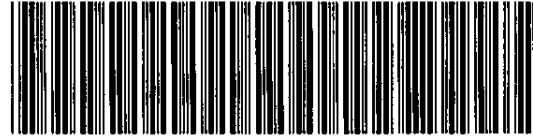
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.M.
8-11-14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lamis & Talal LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L 12000108746

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:

Lamis ALRuwwaili
Name of Person

Lamis & Talal LLC
Name of Firm/Company

18843 Lansing Street
Address

Orlando FL 32833
City/State and Zip Code

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

For further information concerning this matter, please call:

Lamis alRuwwaili at (407) 666-7917
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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TALLAHASSEE, FLORIDA

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

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

corporation Service Company, hereby resigns as
Name of Registered Agent

Registered Agent for Lamis & Talal LLC
Name of Limited Liability Company

L 12000108746
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.

If signing on behalf of an entity:

Signature of Resigning Agent
Lamis ALRUWaili
Typed or Printed Name
The Owner
Capacity

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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