

L12000 123948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

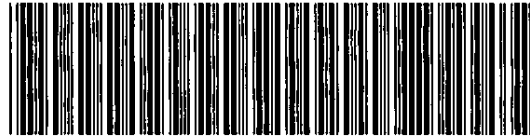
(Business Entity Name)

(Document Number)

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16 JUN 24 PM 1:27
DEPT. OF STATE
TALLAHASSEE, FLORIDA

JUN 27 2016
Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coletti Enterprises, LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: L12000123948

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:

Enrique Coletti
Name of Person

Name of Firm/Company

4728 Breezy Pines Blvd.
Address

Sarasota, Florida 34232
City/State and Zip Code

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

For further information concerning this matter, please call:

Enrique Coletti at (941) 952-8164
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Laurie B. Sams, Esquire

Name of Registered Agent

, hereby resigns as

Registered Agent for Coletti Enterprises, LLC

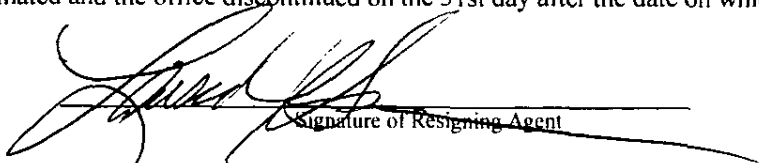
Name of Limited Liability Company

L12000123948

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:

Laurie B. Sams, Esquire

Typed or Printed Name

Registered Agent

Capacity

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SECRETARY OF STATE
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