

L13000047853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

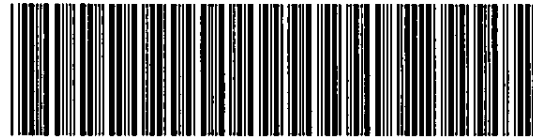
(Business Entity Name)

(Document Number)

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FALL RIVER, MA  
STATE

J. Stivers JAN 23 2013

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 34-25 LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000047853

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:

Patricio Gonzalez E.A.

Name of Person

Wellington Tax Services Co.

Name of Firm/Company

1842 Wiltshire Village Dr.

Address

Wellington, FL 33414

City/State and Zip Code

tunuyan@bellsouth.net

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

For further information concerning this matter, please call:

Patricio Gonzalez

Name of Person

at ( 561 ) 906-3413

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

**CARLOS ARELLANO**

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for **34-25 LLC**

\_\_\_\_\_  
Name of Limited Liability Company

**L13000047853**

\_\_\_\_\_  
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:

**N/A**

\_\_\_\_\_  
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

INHS17 (12/13)



STATE OF FLORIDA  
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 17<sup>TH</sup>. day of January, 2014, by  
Carlos R. Arellano, who is personally Known for me.



12/29/21 10:10:55  
STATE OF FLORIDA  
TALLAHASSEE