

L130000086615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

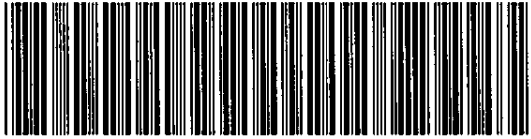
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300267722093

12/29/14--01032--015 **85.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 DEC 29 AM 8:12

cc 12/31

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GUERRERO, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000086615

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:

L. CAPLAN
Name of Person

LAWRENCE A. CAPLAN, PA
Name of Firm/Company

1375 GATEWAY BLVD
Address

BOYNTON BEACH, FL 33426
City/State and Zip Code

LACAPLANLAW@Bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

L. CAPLAN at (561) 245.0763
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC 29 AM 8:12

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


THOMAS GUERRIENO, hereby resigns as
Name of Registered Agent

Registered Agent for GUERRIENO, LLC
Name of Limited Liability Company

L13000086615
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:

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