

L13000 104357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

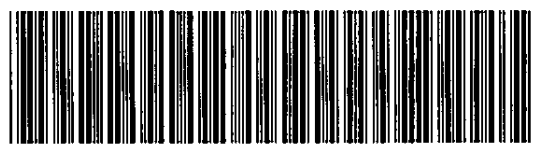
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100269324581

02/12/15--01018--014 **65.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 FEB 12 PM 3:50

FEB 16 2015
T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: International Food and Deli, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000104357

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:

Svetlana Z Nemeroff
Name of Person

Law Offices Of Svetlana Z Nemeroff
Name of Firm/Company

850 NW Federal HWY
Address

Stuart, FL 34994
City/State and Zip Code

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

For further information concerning this matter, please call:

Svetlana Z Nemeroff at (772) 341 7031
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Svetlana Z Nemeroff, hereby resigns as
Name of Registered Agent

Registered Agent for International Food and Deli, LLC

Name of Limited Liability Company

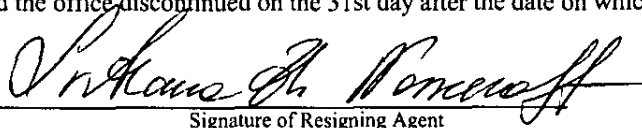
L13000104357

Document Number, if known

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 FEB 12 PM 3:50

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**