

L13000116330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

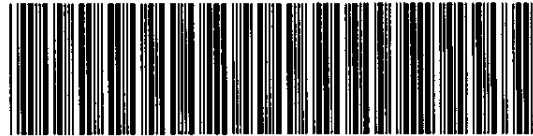
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATION

C. LEWIS

AUG 12 2014

EXAMINER

**COVER LETTER**

7/29/14  
CHK # 7485

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PTST CAFE, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000116330

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:

DANA KAUFMAN

Name of Person

KAUFMAN & COMPANY, PA

Name of Firm/Company

1001 BRICKELL BAY DR STE 2650

Address

MIAMI, FL 33131

City/State and Zip Code

DKAUFMAN@KAUFMANCPAS.COM

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

For further information concerning this matter, please call:

DANA KAUFMAN

Name of Person

at (305) 455-0314

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

7/29/14  
CHK # 7484

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

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

PAOLO DELL AQUILA

Name of Registered Agent

, hereby resigns as

Registered Agent for PTST CAFE, LLC


Name of Limited Liability Company

L13000116330

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 AUG - 1 PM 1:58

### 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