

L13000116504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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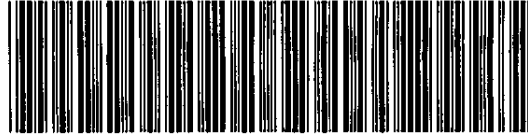
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 29 2015
MAY 09 2015
SECRETARY

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GISELLE SPEECH AND LANGUAGE THERAPY LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000116504

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:

LILA GISELLE PAREDES VERA
Name of Person

GISELLE SPEECH AND LANGUAGE THERAPY LLC
Name of Firm/Company

540 Brickell Key Drive Apt 803
Address

Miami, Florida 33131
City/State and Zip Code

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

For further information concerning this matter, please call:

Lila Giselle Paredes Vera at (917) 6225417
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Travieso & Alvarez Tax & Financial Services, Inc. hereby resigns as
Name of Registered Agent

Registered Agent for Giselle Speech and Language Therapy LLC


Name of Limited Liability Company

213000116504

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: ☒

TRAVIESO & ALVAREZ Tax & Financial Services, Inc.

Typed or Printed Name

Res.

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

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TALLAHASSEE, FLORIDA