

L13000 176 961

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(Address)

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(City/State/Zip/Phone #)

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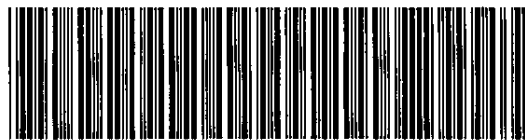
(Business Entity Name)

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SEP 10 2014
T. CARTER

LLC RA Resign

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VERONA TILES & PAVERS, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000176961

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:

TERESA DE LA ROSA, CPA, PA

Name of Person

Name of Firm/Company

12973 SW 112 STREET #143

Address

MIAMI, FL 33186

City/State and Zip Code

TERESA@DELAROSACPAFIRM.COM

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

For further information concerning this matter, please call:

TERESA DE LA ROSA

Name of Person

at (305) 385-1099

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TERESA DE LA ROSA, CPA, PA
_____, hereby resigns as
Name of Registered Agent

Registered Agent for VERONA TILES & PAVERS, LLC

Name of Limited Liability Company

L13000176961

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:

TERESA DE LA ROSA, CPA

Typed or Printed Name

FORMER REGISTERED AGENT

Capacity

FILED
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TALLAHASSEE, FLORIDA
14 SEP -2 PM 4:48

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