

L140000 05582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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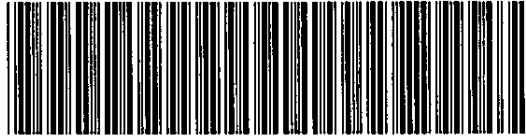
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 09 2016

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PIERONI CONSULTING, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000005582

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:

RICCARDO PIERONI

Name of Person

PIERONI CONSULTING, LLC

Name of Firm/Company

66 W Flagler Street, Suites 1002-1003

Address

Miami, FL 33130

City/State and Zip Code

rpieroni@cinottistone.com

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

For further information concerning this matter, please call:

RICCARDO PIERONI

Name of Person

at (**786**) **577-2291**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

JETSET GROUP, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for

PIERONI CONSULTING, LLC

Name of Limited Liability Company

L14000005582

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:

ELEONORA TODARO

Typed or Printed Name

MANAGER

Capacity

FILED
16 FEB - 8 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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