

L14000020708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



☐ PICK-UP

☐ WAIT

☐ MAIL

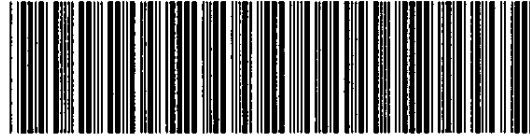
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

JUN 01 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAMERON & LIBANO LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000020708

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:

GONZALO LIBANO ROBLEDO

Name of Person

CAMERON & LIBANO LLC

Name of Firm/Company

2345 SETTLERS TR

Address

ORLANDO FL 32837

City/State and Zip Code

cameronlibano@yahoo.com

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

For further information concerning this matter, please call:

GONZALO LIBANO ROBLEDO at 321 947-9900

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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CLERK OF STATE
TALLAHASSEE FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

LINDA CAMERON

, hereby resigns as

Name of Registered Agent

Registered Agent for CAMERON & LIBANO LLC

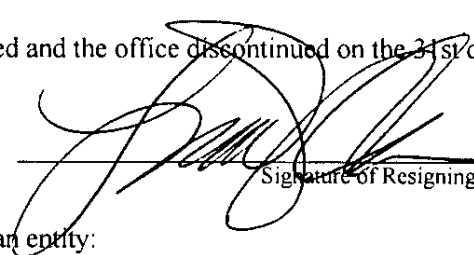
Name of Limited Liability Company

14000020708

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

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2015 MAY 29 AM 10:43
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