

L14 000057558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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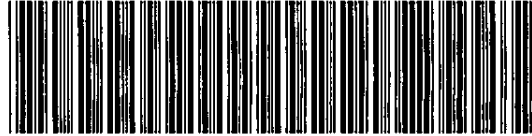
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 05 2016

J SHIVERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2015

STEVEN LABRET
130 PASADENA PL
ORLANDO, FL 32803

SUBJECT: ORLANDO IRISH, LLC
Ref. Number: L14000053558

We have received your document for ORLANDO IRISH, LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$60.00.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 015A00026481

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORLANDO IRISH LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000053558

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:

STEVEN MICHAEL LABRET

Name of Person

Name of Firm/Company

130 PASADENA PLACE

Address

ORLANDO, FLORIDA 32803

City/State and Zip Code

labretpa@cfl.rr.com

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

For further information concerning this matter, please call:

STEVEN MICHAEL LABRET

Name of Person

at (**407**) **422-5819**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STEVEN M. LABRET

, hereby resigns as

Name of Registered Agent

Registered Agent for **ORLANDO IRISH LLC**

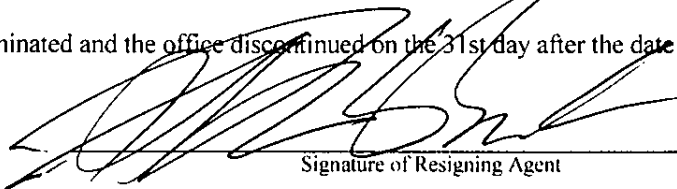
Name of Limited Liability Company

L14000053558

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
16 JAN -4, AM 7:69
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