

L1400067F561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

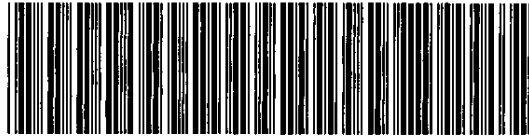
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 17, 2015

ROBERT SOUZA  
944 DEAN WAY  
FT MYERS, FL 33919

SUBJECT: SANCHO ENTERPRISES, LLC  
Ref. Number: L14000078561

We have received your document for SANCHO ENTERPRISES, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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: 615A00026481

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Resignation of Registered Agent

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000078561

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:

**ROBERT ALEX SOUZA**

\_\_\_\_\_  
Name of Person

**SANCHO ENTERPRISES, LLC**

\_\_\_\_\_  
Name of Firm/Company

**944 DEAN WAY**

\_\_\_\_\_  
Address

**FORT MYERS, FL, 33919**

\_\_\_\_\_  
City/State and Zip Code

**alexsouza@mac.com**

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

For further information concerning this matter, please call:

**ROBERT ALEX SOUZA**

\_\_\_\_\_  
Name of Person

at ( **239** ) **222-1661**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**ROBERT ALEX SOUZA**

, hereby resigns as

Name of Registered Agent

Registered Agent for **SANCHO ENTERPRISES, LLC**

**SANCHO ENTERPRISES, LLC**

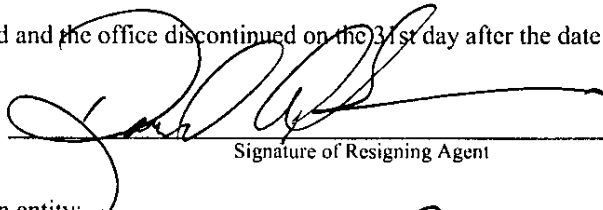
Name of Limited Liability Company

**L14000078561**

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:

**Robert Alex Souza**

Typed or Printed Name

**Robert Alex Souza**

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

INHS17 (2/14)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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