

L14000080800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

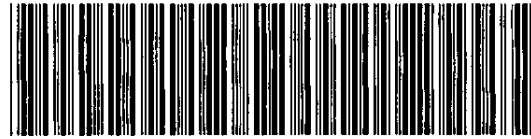
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200262303242

07/16/14--01012--025 \*\*85.00

FILED  
SECRETARY OF STATE  
JUL 16 2014  
14 JUL 16 PM 3:13

LLC RA Resign

JUL 30 2014

T. CARTER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Garitape, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000080800

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:

Miguel Silva

Name of Person

Name of Firm/Company

224 Madison Dr

Address

Naples, FL 34110

City/State and Zip Code

Silva.bokrand@gmail.com

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

For further information concerning this matter, please call:

Miguel Silva

Name of Person

at ( 239 )

Area Code

290-5009

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Carla Fernandez, hereby resigns as  
Name of Registered Agent

Registered Agent for GARITAPE, LLC

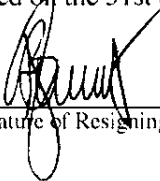
Name of Limited Liability Company

L14000080800

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

### **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**