

L14 0000 84579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

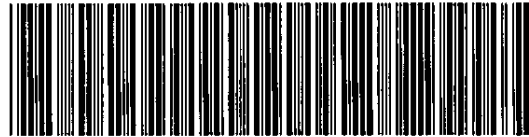
(Business Entity Name)

(Document Number)

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08/29/16--01063--006 **25.00

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TALLAHASSEE, FLORIDA

13 SEP 13 AM 10:20

600

SEP 19 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Scarfogliero & Solomon Culinary Concepts, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000084579

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:

Alexis Scarfogliero

Name of Person

Scarfogliero & Solomon Culinary Concepts, LLC

Name of Firm/Company

15329 Wind Whisper Drive

Address

Odessa, FL 33556

City/State and Zip Code

ascarfogliero@hotmail.com

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

For further information concerning this matter, please call:

Alexis Scarfogliero

813

892-1599

at ()

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 7, 2016

ALEXIS SCARFOGLIERO
15329 WIND WHISPER DRIVE
ODESSA, FL 33556

SUBJECT: SCARFOGLIERO & SOLOMON CULINARY CONCEPTS, LLC
Ref. Number: L14000084579

We have received your document for SCARFOGLIERO & SOLOMON CULINARY CONCEPTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee for filing a registered agent's statement of resignation from an active limited liability company is \$85. Therefore, there is a balance due of \$60.00.

Please return 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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 516A00018802

15 SEP 15 AM 10:20
TALLAHASSEE, FL 32314
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STATE

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Lori Solomon

, hereby resigns as

Name of Registered Agent

Scarfoglio & Solomon Culinary Concepts, LLC

Registered Agent for

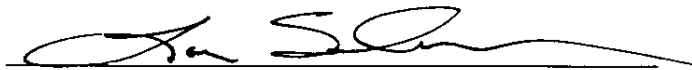
Name of Limited Liability Company

L14000084579

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