

L14000090560

(Requestor's Name)

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(Address)

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(Business Entity Name)

(Document Number)

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FALLAHASSE, FLORIDA

K. SALY
EXAMINER
JAN 19

Ms. Janus J. Montuori
230 N.E 42nd Court
Deerfield Beach, FL 33064
Telephone (Cell): 1-954-856-9808

January 14, 2016

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Entity: Ace of Cups LLC, a Florida limited liability company
Document No.: L14000090560
Form: Statement of Resignation of Registered Agent

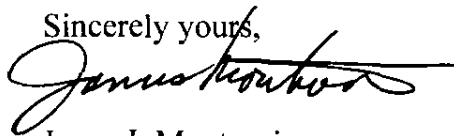
Gentlemen:

In regard to the above-referenced matter, enclosed please find the following:

1. Cover Letter;
2. Statement of Resignation of Registered Agent;
3. My check made payable to the Division of Corporations in the amount of \$85.00 for the filing fee; and
4. An extra copy of the Statement of Resignation of Registered Agent, along with self-addressed, stamped envelope for the return of a copy of the filed Statement of Resignation of Registered Agent is provided for your convenience.

If you need any additional information or additional moneys, please call me at the above telephone number before returning any of the enclosed documents and I will overnight whatever you may need.

Thank you for your prompt attention to this filing.

Sincerely yours,

Janus J. Montuori

JJM:bhs
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACE OF CUPS LLC, a Florida limited liability company

Name of Limited Liability Company

DOCUMENT NUMBER: L14000090560

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:

Janus J. Montuori

Name of Person

c/o Ace of Cups LLC

Name of Firm/Company

230 NE 42nd Court

Address

Deerfield Beach, FL 33064

City/State and Zip Code

wrensong3@bellsouth.net

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

For further information concerning this matter, please call:

Janus J. Montuori

at (954)

856-9808

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Janus J. Montuori

Name of Registered Agent

, hereby resigns as

Registered Agent for _____

ACE OF CUPS LLC, a Florida limited liability company

Name of Limited Liability Company

L14000090560

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

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TALLAHASSEE, FL
DIVISION OF CORPORATIONS