

L14000190599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

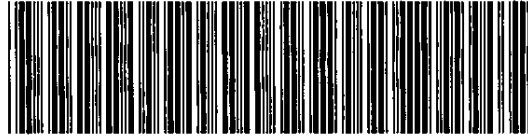
(Business Entity Name)

(Document Number)

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

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15 DEC - 7 PM 4:14  
HALL COUNTY CLERK  
HALL COUNTY, FLORIDA

DEC 10 2015

Y SULKER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** L G N A INVESTMENTS LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L1400019059

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:

ARMANDO CAMARGO

Name of Person

Name of Firm/Company

230 CHESHIRE WAY

Address

DAVENPORT FL 33897

City/State and Zip Code

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

For further information concerning this matter, please call:

ARMANDO CAMARGO

Name of Person

at (

305

Area Code

244-06096

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

RECEIVED

15 DEC -7 PM 12:33

SECRETARY OF STATE  
STATE OF FLORIDA

November 19, 2015

ARMANDO CAMARGO  
230 CCHESHIRE WAY  
DAVENPORT, FL 33897

SUBJECT: L G N A INVESTMENTS LLC  
Ref. Number: L14000190599

We have received your document for L G N A INVESTMENTS LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 515A00024501

*Note: check was send to you  
with the original application*

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

**ARMANDO CAMARGO**

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for **L G N A INVESTMENTS LLC**

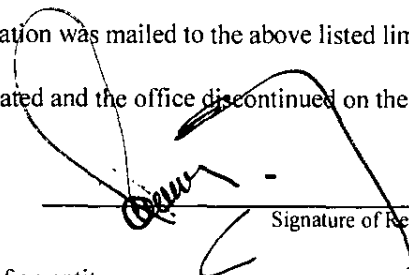
\_\_\_\_\_  
Name of Limited Liability Company

**L14000190599**

\_\_\_\_\_  
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:

**ARMANDO CAMARGO**

\_\_\_\_\_  
Typed or Printed Name

**MGR AND REGISTERED AGENT**

\_\_\_\_\_  
Capacity

FILED  
15 DEC -7 PM 4:14  
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