

L14000191764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

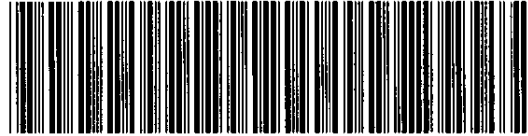
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 13 2015

T. J. MANNING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: El Milagro Latin Restaurant, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000191769

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:

Candida Altagracia Tremol
Name of Person

Candy's Latin Restaurant, Inc.
Name of Firm/Company

4963 SW 91st Way
Address

Gainesville, FL, 32608
City/State and Zip Code

blujak@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Yancey at (352) 375-7175
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Candida Altagracia Tremol, hereby resigns as
Name of Registered Agent

Registered Agent for El Milagro Latin Restaurant, LLC
Name of Limited Liability Company

L14000191769
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.

Candida Tremol
Signature of Resigning Agent

If signing on behalf of an entity:

CANDIDA TREMOL
Typed or Printed Name
MANAGER of LLC
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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