

L15000005080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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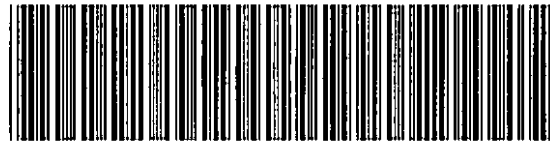
(Business Entity Name)

(Document Number)

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MALLAPURAM, FLORIDA

SEP 21 2022

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** San Girogio Coffee, LLC

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

**DOCUMENT NUMBER:** L15000005080

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:

Adam Skolnik, Esq.

\_\_\_\_\_  
Name of Person

Law Office of Adam I. Skolnik, P.A.

\_\_\_\_\_  
Name of Firm/Company

1761 W Hillsboro Boulevard, Ste. 201

\_\_\_\_\_  
Address

Deerfield Beach, FL 33442

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Adam I. Skolnik

\_\_\_\_\_  
Name of Person

at (561

\_\_\_\_\_) 265-1120

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

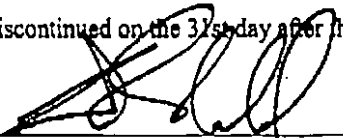
Law Office of Adam I. Skolnik, P.A. \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for San Giorgio Coffee, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

L15000005080  
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 3<sup>rd</sup> day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Adam I. Skolnik  
\_\_\_\_\_  
Typed or Printed Name  
President  
\_\_\_\_\_  
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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