

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CARLTON FIELDS

Account Number: 076077000355 Phone

: (813)223-7000

Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*

Email Address:

## LLC REGISTERED AGENT RESIGNATION JUICE PAPI, LLC

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\$85.00

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#### H17000063743 3

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

Pursuant to the provisions of section 605.01	15, Florida Statutes, the unde	ersigned,	是是
CF REGISTERED AGENT, INC.		, hereby resigns as	Company of the contract of the
Name of Registered Ag		,,	一意念と
Registered Agent for JUICE PAPI, LLC	<del>(2</del> .		500 B
Name of L	imited Liability Company		
L15000022333			
Ducument Number, if known	<del></del>		
A copy of this resignation was mailed to the	e above listed limited liability	company at its last i	mown address.
The agency is terminated and the office disc	Continued on the 31st day after  Signature of Resigning Agent	er the date on which	this statement is filed.
If signing on behalf of an entity:			
Joyce F. Bentu	ıpo		
	Typed or Printed Name		
Secretary			
	Capacity	<del></del>	,

### 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withdrawn limited liability company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

INHS17 (2/14)