

115000212556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

JUL 07 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HNOS. CACERES FLORENCIA LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L15000212556

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:

Ilaria Cacopardo, Esq.

Name of Person

Law Office of Ilaria Cacopardo PA

Name of Firm/Company

999 Brickell Avenue PH1102

Address

Miami, Fl. 33131

City/State and Zip Code

ilaria@cacopardolaw.com

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

For further information concerning this matter, please call:

Ilaria Cacopardo

Name of Person

at (786) 5349588

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Ilaria Cacopardo

, hereby resigns as

Name of Registered Agent

Registered Agent for HNOS. CACERES FLORENCIA LLC

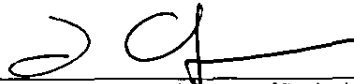
Name of Limited Liability Company

L15000212556

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, FLORIDA
CLERK OF STATE