

L16000010380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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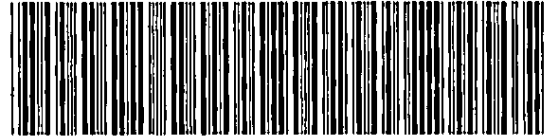
(Business Entity Name)

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SCHOOL OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

OCT 23 2017

OCT-12-2017 THU 04:17 AM

P. 002

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

ACCOUNTING CENTER OF ORLANDO, LLC, hereby resigns as
Name of Registered Agent

Registered Agent for MADE IN ITALY KISSIMMEE, LLC

Name of Limited Liability Company

L160000010380

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:

Alejandro Pichardo
Typed or Printed Name

MBM
Capacity

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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withdrawn limited liability company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