

L16000015226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 30 2017

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lazo Farm Produce, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000015226

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:

Name of Person

Sunny Fresh, LLC

Name of Firm/Company

440 4th Lane SW

Address

Vero Beach, FL 32962

City/State and Zip Code

kelly@sunyfresh.net

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

For further information concerning this matter, please call:

Bobbi Basarich at ( 772 ) 770-0207  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for Sunny Fresh, LLC

Lazo Farm Produce, LLC

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

L16000015226

\_\_\_\_\_  
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.

R.K. Narasimhan, Mgr Sunny Fresh, LLC  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

FILED  
JUN 20 AM 8:49  
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withdrawn limited liability company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**