

L16000018928

(Requestor's Name)

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA
16 NOV 14 PM 4:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Le Gap, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L16000018928

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:

Aline Darmouni

Name of Person

Atrium CPA

Name of Firm/Company

44 West Flagler Street, Suite 2300

Address

Miami, Florida 33130

City/State and Zip Code

ad@atriumcpa.com

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

For further information concerning this matter, please call:

Aline Darmouni

Name of Person

at (305) 600-4405

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
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TALLAHASSEE, FLORIDA
16 NOV 14 PM 4:00

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Ian G. Bacheikov

, hereby resigns as

Name of Registered Agent

Registered Agent for Le Gap, LLC

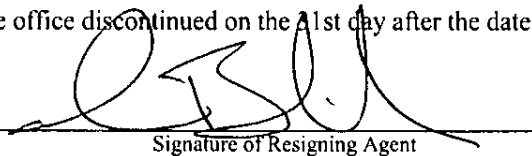
Name of Limited Liability Company

L16000018928

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 1st 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

16 NOV 14 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00

\$ 25.00

Active limited liability company
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