

L16 0000 19417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

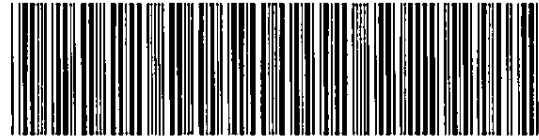
(Business Entity Name)

(Document Number)

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OCT 26 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INFERNO HOLDINGS, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000019417

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:

**MELODY E. COBBE, ESQ.**  
Name of Person

**COBBE LAW**  
Name of Firm/Company

**980 NORTH FEDERAL HIGHWAY, SUITE 110**  
Address

**BOCA RATON, FL 33432**  
City/State and Zip Code

**julianne1000degreespizza@gmail.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**JULIANNE BURTIN** at ( 561 ) 350-5576  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

**COBBE LAW**

\_\_\_\_\_ hereby resigns as

Name of Registered Agent

**INFERNO HOLDINGS, LLC**

Registered Agent for \_\_\_\_\_

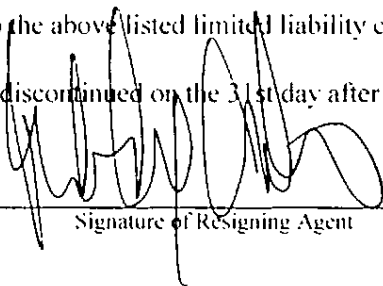
Name of Limited Liability Company

**L16000019417**

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:

**MELODY E. COBBE**

Typed or Printed Name

**MEMBER**

Capacity

2017 OCT 24 AM 11:03

**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**