

L16 0000 19432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

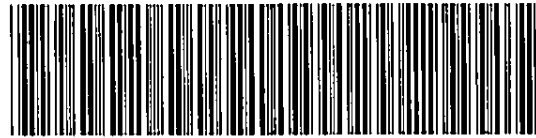
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. HARRIS



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INFERNO HOLDINGS DELRAY PLACE, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L16000019432

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

Name of Person

at (561) 350-5576

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registered Agent for _____

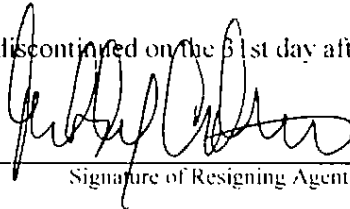
Name of Limited Liability Company

L16000019432

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 11:01

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