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(Re	questor's Name)	
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SEUNETARY OF STATE
SELVAHASSEE, FLORIDA

K. SALY APR - 4 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: O.L. LOTTE Art UC Name of Limited Liability Company
DOCUMENT NUMBER: LI (QCC) 50751
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:
Robert A. Stok Name of Person
Stok Folk + Kon Name of Firm/Company
18851 NE 29th Ave
Aventura FL 33180 City/State and Zip Code
RS+OKO S+OKION. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert A Stok - 205, 925-4440

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

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

Area Code Daytime Telephone Number

INHS17 (2/14) ·

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
Stok tolk + Kon I.A., hereby resigns as
Name of Registered Agent
Registered Agent for O. L. Latte Art UC
Name of Limited Liability Company
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 Resignant Agent
If signing on behalf of an entity:
Typed or Printed Name
Capacity

FILING FEES:

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25,00

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314