

L16000072696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

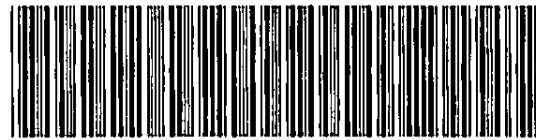
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 FEB -8 AM 9:49
TALLAHASSEE, FLORIDA

FEB 06 2018

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2018

JAIME PARLADE
5975 SUNSET DR #802
SOUTH MIAMI, FL 33143 US

SUBJECT: GUAYOYO 402 LLC
Ref. Number: L16000072696

We have received your document for GUAYOYO 402 LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 318A00001576

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GUAYANO 402 LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L1100000720910

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:

Jaime Parlade
Name of Person

Parlade & Schaefer, CPA
Name of Firm/Company

5475 SUNSET DR. SUITE 802
Address

SOUTH MIAMI, FL 33143
City/State and Zip Code

jaime@cpasps.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adria Chestaro at (305) 670-0400
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

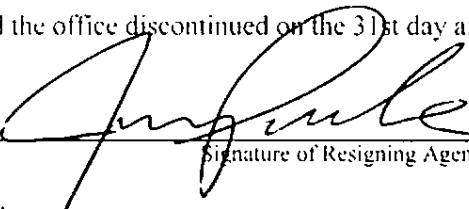
Jaime Parlade hereby resigns as
Name of Registered Agent

Registered Agent for GUAYANO 402 LLC
Name of Limited Liability Company

L1000007210911
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:

Typed or Printed Name

Capacity

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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