

L16 0000 76932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

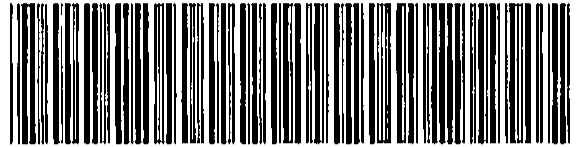
(Business Entity Name)

(Document Number)

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2020 NOV -5 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

12/15/20

on

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FONDA LA CHISMOSA LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

MICHAEL MELENDEZ / MELENDEZ VEGA LLC

\_\_\_\_\_  
Name of Person

MELENDEZ VEGA, LLC

\_\_\_\_\_  
Name of Firm/Company

7500 NW 25TH STREET SUITE 105

\_\_\_\_\_  
Address

MIAMI, FL 33122

\_\_\_\_\_  
City/State and Zip Code

MICHAEL@MELENDEZVEGA.COM

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

For further information concerning this matter, please call:

MICHAEL MELENDEZ / MELENDEZ VEGA LLC at (305) 271-5841

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

**FILED**  
2020 NOV -5 PM 4: 3  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

MELENDEZ VEGA, LLC

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for FONDA LA CHISMOSA LLC

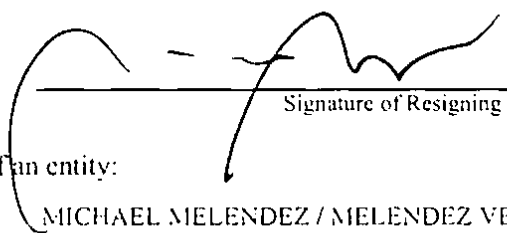
\_\_\_\_\_  
Name of Limited Liability Company

L16000076932

\_\_\_\_\_  
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:

MICHAEL MELENDEZ / MELENDEZ VEGA LLC

\_\_\_\_\_  
Typed or Printed Name

REGISTERED AGENT

\_\_\_\_\_  
Capacity

**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