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Division of Corporations

No. 2602 P. 1

Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : US TAX CONSULTING INC
Account Number : 120160000060
Phone : (407)674-8969
Fax Number : (407)674-8970

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT RESIGNATION
CAMILOTTI RISTORANTE & STEAKS LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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MAY 01 2018
J. HARRIS
Help

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
US TAX CONSULTING INC, hereby resigns as

Name of Registered Agent

Registered Agent for **CAMILOTTI RISTORANTE & STEAKS LLC**

Name of Limited Liability Company

L16000097726

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:

Rodrigo Cavalcante

Typed or Printed Name of

Accountant and Agent Registered

Capacity

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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withdrawn limited liability company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