

L16 000 182157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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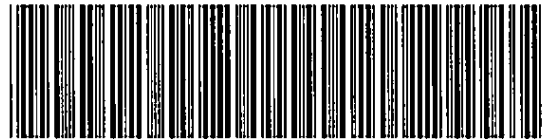
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
AUG 16 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Che Mianesa LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000182157

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:

Jessica Treto
Name of Person

Ser & Associates, PLLC
Name of Firm/Company

2100 Ponce de Leon Blvd #1180
Address

Coral Gables, FL 33134
City/State and Zip Code

Jessica@ser-associates.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Treto at (305) 222 7282
Name of Person Area Code Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE, FL

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Ser & Associates, PLLC, hereby resigns as
Name of Registered Agent

Registered Agent for Che Milanesa, LLC
Name of Limited Liability Company

L14000182157
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]
Signature of Resigning Agent

If signing on behalf of an entity:

Lillian A. Ser
Typed or Printed Name
Mgr.
Capacity

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SECRETARY OF STATE
TALLAHASSEE, FL

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