

L16000199096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800294003168

01/30/17--01016--035

FILED
JAN 30 PM 2:00
85.00

FEB 01 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAINT outside the Wines, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000199096

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:

Nicole Askew

Name of Person

PAINT outside the Wines, LLC
Name of Firm/Company

2708 Santa Barbara Blvd S Ste 149
Address

Cape Coral, FL 33914
City/State and Zip Code

masterpiece mixers Cape coral@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Askew

Name of Person

at (239) 565-7258

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Karla Jaritzi Segura Galindo

, hereby resigns as

Name of Registered Agent

Registered Agent for Paint Outside the Wines, LLC

Name of Limited Liability Company

L16000199096

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

FILED
JAN 30 PM 2:00
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withdrawn limited liability company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