116000220583

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(Only/State/Ziph Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Germinates di Citatas
Special Instructions to Filing Officer:

Office Use Only



700319843657

10/23/18--01017--012 **25.00

fatt for 27 U Fu

COVER LETTER

Registration Section Division of Corporations

TO:

Camila Gonzalez III C	
SUBJECT: Camila Gonzalez, LLC	ne of Limited Liability Company
DOCUMENT NUMBER: L16000220	• •
	Agent for a Limited Liability Company and fee are submitted
Please return all correspondence concern	ning this matter to the following:
United States Corporation Agents, In	nc.
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Compan	1 -
9900 Spectrum Dr.	
Address	<u> </u>
Austin, TX 78717	لمبيد لان
City/State and Zip Cod	<u>. </u>
E-mail address: (to be used for future annu	al report notification)
For further information concerning this i	matter, please call:
Janna Pantoja	at (<u>1 800</u> 773-0888 x 3950 Area Code <u>Daytime Telephone Number</u>
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check made payable to the liability company or \$25.00 for an admir liability company.	Florida Department of State for \$85.00 for an active limited nistratively dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

-	ions of section 605 0115. Florida Statutes, the unde	
United States Cor	poration Agents, Inc.	, hereby resigns as
	Name of Registered Agent	. hereby resigns as
Registered Agent for _	Camila Gonzalez, LLC	
	Name o 'Ulmited Liability Company	
L16000220583		, mg
Document (Sumber, if known	, . . .
		-4
A copy of this resignat	ion was mailed to the above listed limited liability	company at its last known address-
		company at its last known address
	ed and the office discontinued on the 31st day after	company at its last known address
The agency is terminat	ed and the office discontinued on the 31st day after Signature of Resigning Agent	r the date on which this statement is
The agency is terminat	ed and the office discontinued on the 31st day after Signature of Resigning Agent	r the date on which this statement is
The agency is terminat	ed and the office discontinued on the 31st day after Signature of Resigning Agent an entity:	r the date on which this statement is
	Signature of Resigning Agent an entity: Cheyenne Moseley	r the date on which this statement is

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00

i t