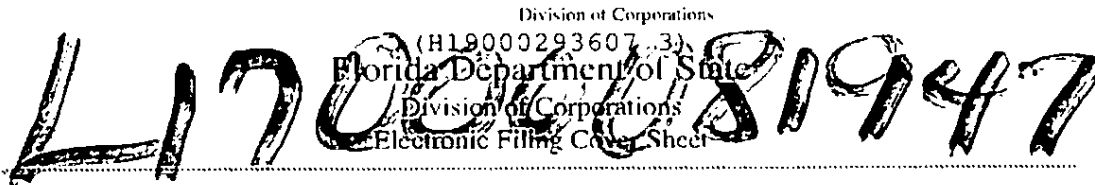


10/2/2019



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From:  
 Account Name : ANTHONY OLSON P.A.  
 Account Number : 120170000074  
 Phone : (941)362-7100  
 Fax Number : (941)362-7107

\*\*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  
 LA RACLETTE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

2019 OCT -2 PM 3:56

2019 OCT -2 PM 1:50

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

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

Anthony Olson, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for La Raclette, LLC

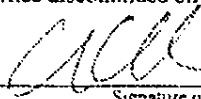
Name of Limited Liability Company

36-4865517

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:

Anthony Olson

Typed or Printed Name

President

Capacity

2019 OCT -2 PM 3:56  
RECEIVED  
STATE DEPARTMENT OF REVENUE

**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withdrawn limited liability company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

INHS17 (2/14)

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