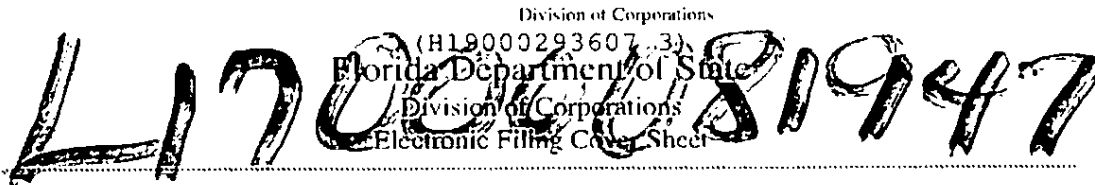


10/2/2019



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 Fax Number : (850)617-6383

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

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LLC REGISTERED AGENT RESIGNATION
 LA RACLETTE, LLC

Certificate of Status	0
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OCT 03 2019

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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

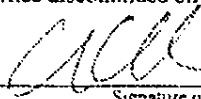
Name of Limited Liability Company

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

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FILED
TALLAHASSEE

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withdrawn limited liability company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

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