# 117000092052

(Requestor's Name)		
bA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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## **COVER LETTER**

ANNON ITALIAN O	
SUBJECT:	
Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L17000092052	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
Marco D. Britt	
Name of Person	=
Marco D. Britt, P.A.	
Name of Firm/Company	_
11767 S Dixie Highway; Suite 246	
Address	_
Pinecrest, FL 33156	
City/State and Zip Code	_
sergio@modusmiami.com	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Marco D. Britt 305	929-3632
Name of Person at (at 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 S	tatutes, the undersigned.
Marco D. Britt, P.A.	, hereby resigns as
Name of Registered Agent	
Registered Agent for UNICA ITALY LLC	
	P L
Name of Limited Liability	Company : F
L17000092052	۶:۰ ر <b>ن</b>
Document Number, it known	S: 22
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:	
Marco D. Britt	
Typed or Printe	d Name
President	
Capacity	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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