

L17000121777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

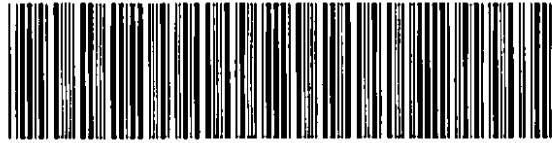
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GASTRO TRADING LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L17000121777

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:

STEVEN M. BERLIN (NEVER AUTHORIZED BOGUS COMP.)  
Name of Person MY INFORMATION WAS FAKELY  
USED BY THE ABOVE.

STEVEN BERLIN  
Name of Firm/Company

11071 Indian Lake Circle  
Address

Boynton Beach, FL 33437  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_ at (\_\_\_\_) \_\_\_\_\_  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

REMOVE NAME / NEVER AUTHORIZED  
STOLEN I.D.

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

STEVEN M BERLIN, hereby resigns as  
Name of Registered Agent

Registered Agent for GASTRO TRADING L.L.C.  
GASTRO TRADING L.L.C. (NEVER AUTHORIZED THIS)  
Name of Limited Liability Company

L17000121777  
Document Number, if known

IDENTIFICATION IS  
STOLEN - NEVER  
APPROVED REMOVE  
AT ONCE.

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]  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

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18 AUG 13 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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