

10/8/2018

LITW01204410

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : OLSS, KENNEY, SAFFER, HAMPTON & JOOS, P.A.
Account Number : I20090000089
Phone : (904)543-4300
Fax Number : (904)543-4301

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**LLC REGISTERED AGENT RESIGNATION
AMERICANO CONDO HOLDINGS, LLC**

Certificate of Status	0
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Page Count	02
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2018 OCT -8 PM 2:52

COVER LETTER

(((H18000292033 3)))

TO: Registration Section
Division of Corporations

SUBJECT: Americano Condo Holdings, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000128440

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:

Theresa M. Kenney, Esq.

Name of Person

Duss Kenney Safer Hampton & Joos, PA

Name of Firm/Company

4348 Southpoint Blvd. #101

Address

Jacksonville FL 32216

City/State and Zip Code

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

For further information concerning this matter, please call:

Theresa M. Kenney

Name of Person

at (904)

Area Code

543-4300

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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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,

Theresa M. Kenney _____, hereby resigns as
Name of Registered Agent

Registered Agent for AMERICANO CONDO HOLDINGS, LLC

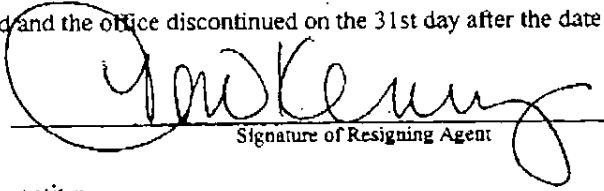
Name of Limited Liability Company

L17000128440

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:

Typed or Printed Name

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

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