

L17 000 128 692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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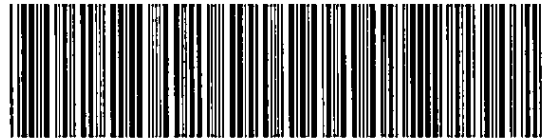
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

16

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PINECREST BAKERY 15 LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L17000128692

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:

BEHZAD CESAR RAVAN, CPA

Name of Person

RAVAN AND COMPANY

Name of Firm/Company

8360 WEST FLAGLER STREET - SUITE 200

Address

MIAMI, FL 33144

City/State and Zip Code

CESAR@RAVANANDCO.COM

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

For further information concerning this matter, please call:

CESAR RAVAN

Name of Person

at ( 786 )

Area Code

615-2655

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

RAVAN AND COMPANY

, hereby resigns as

Name of Registered Agent

Registered Agent for PINECREST BAKERY 15, LLC

Name of Limited Liability Company

L17000128692

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 APR - 1 PM 3: 31

FILED

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314