

47000135977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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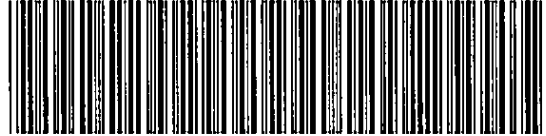
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 21 2018
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASA AZUL B&B LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L17000135997

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:

Sean P. Kelly, Esq.

Name of Person

Kelly & Kelly, LLP

Name of Firm/Company

605 Palm Blvd., Suite A

Address

Dunedin, Florida 34698

City/State and Zip Code

scottea6@gmail.com

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

For further information concerning this matter, please call:

Sean P. Kelly

at (727) 733-0468

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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TALLAHASSEE, FLORIDA

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

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

JUAN MINIELLO

Name of Registered Agent

, hereby resigns as

Registered Agent for CASA AZUL B&B LLC

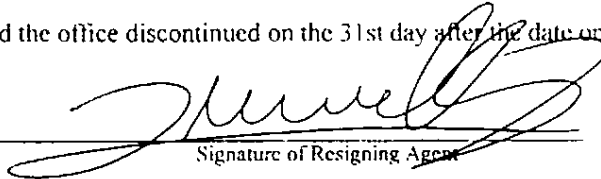
Name of Limited Liability Company

L17000135997

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:

Juan Jose Miniello

Type 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

18 SEP 17 PM 4:52

FILED

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