

617000217975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

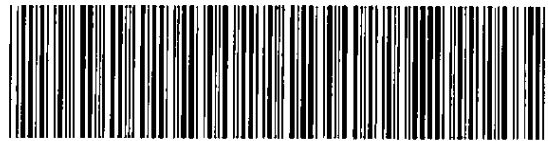
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2023 NOV - 1 AM 10:02  
SEP 20 2023  
TAX

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUNCOAST PATIO SERVICES, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L17000217975

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:

MARIO MONTANO

Name of Person

Name of Firm/Company

11017 LOST LAKE DR, APT 3-417

Address

NAPLES, FL 34105

City/State and Zip Code

office@suncoastpatioservices.com

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

For further information concerning this matter, please call:

Name of Person

at ( )

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

DESARNO CPA, INC

, hereby resigns as

Name of Registered Agent

SUNCOAST PATIO SERVICES, LLC

Registered Agent for

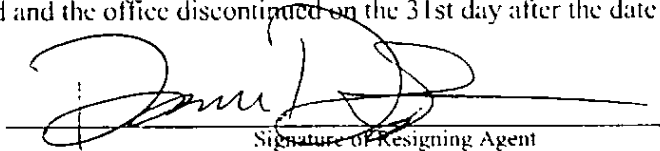
Name of Limited Liability Company

L17000217975

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:

DOMINICK DESARNO

Typed or Printed Name

OWNER | PRESIDENT OF DESARNO CPA, INC

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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2023 NOV - 1 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FL