

L17000255517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

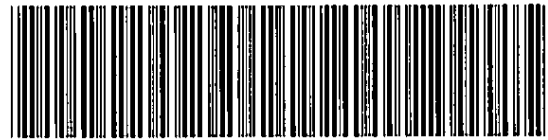
(Business Entity Name)

(Document Number)

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MAY 17 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BABY BOSS TALLY, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000255517

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:

SILVIO SONNINO
Name of Person

Name of Firm/Company

5135 INTERNATIONAL DRIVE
Address

ORLANDO, FLORIDA 32819
City/State and Zip Code

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

For further information concerning this matter, please call:

SILVIO SONNINO at (321) 436-7899
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

SILVIO SONNINO

, hereby resigns as

Name of Registered Agent

Registered Agent for BABY BOSS TALLY, LLC

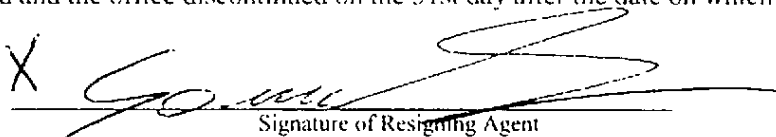
Name of Limited Liability Company

L17000255517

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.

X 

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

~~\$ 85.00~~
~~\$ 25.00~~

Active limited liability company
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

FILED
2018 MAY 17 PM 5:03
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA