

L17000257415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

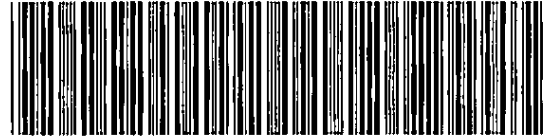
(Business Entity Name)

(Document Number)

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2020 FEB 29 PM 2:30  
DEPT OF STATE  
TAMPA, FL

V. SULKER  
FEB 11 2021

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ROBERTO C. PAREDES LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L17000257415

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:

JB ROTH  
Name of Person

ROTH LAW FIRM PL  
Name of Firm/Company

450 STATE ROAD 13 NORTH, SUITE 106 - PMB 134  
Address

SAINT JOHNS, FL 32259  
City/State and Zip Code

JB@ROTHFIRM.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JB ROTH at (904) 595-7900  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
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,

ROTH LAW FIRM PL \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for ROBERTO C. PAREDES LLC

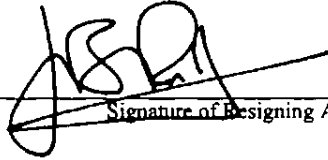
\_\_\_\_\_  
Name of Limited Liability Company

L17000257415

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 Designing Agent

If signing on behalf of an entity:

JEAN B. ROTH

Typed or Printed Name

AUTHORIZED MEMBER

Capacity

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

FILED  
2007 OCT 29 PM 2:30  
TALLAHASSEE, FL  
DEPT. OF STATE

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