

L18000024092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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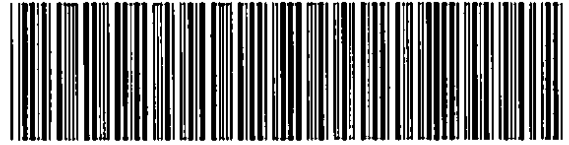
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AUG 09 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Caffeinated Bakery, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L18000024092

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:

Linda Chiavatti

Name of Person

Caffeinated Bakery, LLC

Name of Firm/Company

55 Baymont St.

Address

Clearwater, FL 33767

City/State and Zip Code

chichibella72@hotmail.com

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

For further information concerning this matter, please call:

Linda Chiavatti

727

410-1936

at ()

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Patricia Belloise

hereby resigns as

Name of Registered Agent

Caffeinated Bakery, LLC

Registered Agent for

Caffeinated Bakery, LLC

Name of Limited Liability Company

L18000024092

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.

Patricia Belloise
Signature of Resigning Agent

If signing on behalf of an entity:

Patricia Belloise

Typed or Printed Name

Secretary
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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA