

L18000075586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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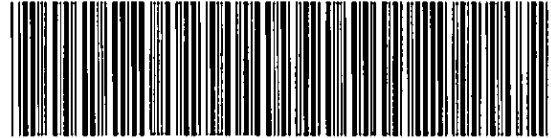
(Business Entity Name)

(Document Number)

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MAY 13 2019

2019 APR 26 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

R/A-Resign

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SILVER RANCH ANIMAL SUPPLY LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000075586

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:

MARIA PARJUS, ESQ

Name of Person

PARJUS LAW

Name of Firm/Company

1535 N PARK DR. SUITE 104

Address

WESTON FL 33326

City/State and Zip Code

LEGAL@PARJUSLAW.COM

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

For further information concerning this matter, please call:

MARIA PARJUS

954

218-5909

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

JAVIER MEJIA

\_\_\_\_\_, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for SILVER RANCH ANIMAL SUPPLY LLC

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

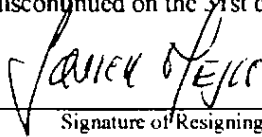
L18000075586

\_\_\_\_\_  
Document Number, if known

**FILED**  
2019 APR 26 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FL

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:

N/A

\_\_\_\_\_  
Typed or Printed Name

N/A

\_\_\_\_\_  
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