

L18000 101 791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

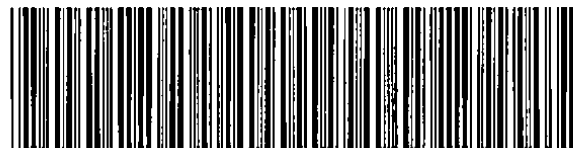
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2019 JUL 19 AM 11:01

FILED

JUL 25 2019
Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Inversiones Cornielle Suberbi LLC.

Name of Limited Liability Company

DOCUMENT NUMBER: L18000101791

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:

Lodwing Narciso Cornielle Segura

Name of Person

Florida Inversiones Cornielle Suberbi LLC.

Name of Firm/Company

14376 COLONIAL GRAND BLVD APT #2308

Address

ORLANDO, FL 32837-4852

City/State and Zip Code

lcornielle.inmoauto@gmail.com

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

For further information concerning this matter, please call:

Lodwing Narciso Cornielle Segura

Name of Person

at (829) 657-0092

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Mark Arias

Name of Registered Agent

hereby resigns as

Registered Agent for Florida Inversiones Cornielle Suberbi LLC.

Florida Inversiones Cornielle Suberbi LLC.

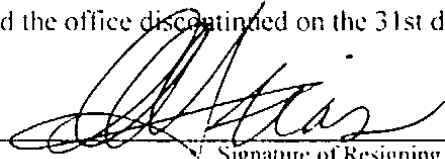
Name of Limited Liability Company

L18000101791

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:

Typed or Printed Name

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

SECRETARY OF STATE
TALLAHASSEE, FL

2019 JUL 19 AM 11:01

FILED