

L18000120690

Florida Department of State
Division of Corporations
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From:

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Account Number : I20220000199
Phone : (954)389-1333
Fax Number : (954)389-1397

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LLC REGISTERED AGENT RESIGNATION
ALESSANDRO VASINI, LLC

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NOV 17 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALESSANDRO VASINI, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000120690

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:

Daniella Santana

Name of Person

Salver & Cook LLP

Name of Firm/Company

2721 EXECUTIVE PARK DRIVE SUITE 4

Address

WESTON, FL 33331

City/State and Zip Code

DANIELLA SANTANA@APRIO.COM

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

For further information concerning this matter, please call:

DANIELLA SANTANA

954

3891333

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

SALVER & COOK, L.L.P. _____, hereby resigns as

Name of Registered Agent

Registered Agent for ALESSANDRO VASINI, LLC _____

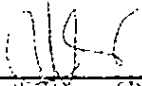
Name of Limited Liability Company

L18000120690 _____

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:

Vanessa Piedrahita _____

Typed or Printed Name

Partner _____

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

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