

48000 142524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900331970899

08/27/19--01021--003 \*\*60.00

07/25/19--01012--004 \*\*25.00

FILED  
2019 AUG 26 PM 12:18  
SECRETARY OF REVENUE  
TALLAHASSEE, FL

AUG 27 2019  
C. KILL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 31, 2019

JANIE CASTILLO  
14 N DESOTO AVE  
ARCADIA, FL 34266

SUBJECT: SOUTHERN FRUIT & VEGETABLES HARVESTING L.L.C  
Ref. Number: L18000142524

We have received your document for SOUTHERN FRUIT & VEGETABLES HARVESTING L.L.C and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due is \$60.00.

The fee to resign as registered agent of an active limited liability company is \$85.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood  
Regulatory Specialist II

Letter Number: 319A00015610

2019 AUG 26 PM 3:04

RECEIVED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOUTHERN FRUIT & VEGETABLES HARVESTING LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000142524

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:

JANIE CASTILLO

Name of Person

CASTILLO PAYROLL & TAX SERVICE INC

Name of Firm/Company

14 N DESOTO AVE

Address

ARCADIA, FL 34266

City/State and Zip Code

CASTILLOPAYROLL@GMAIL.COM

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

For further information concerning this matter, please call:

JANIE CASTILLO

Name of Person

863

Area Code

494-0245

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FAUSTO MONROY

Name of Registered Agent

, hereby resigns as

Registered Agent for SOUTHERN FRUIT & VEGETABLES HARVESTING INC

Name of Limited Liability Company

L18000142524

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.

X Fausto Monroy

Signature of Resigning Agent

If signing on behalf of an entity:

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

\_\_\_\_\_  
Capacity

FILED  
2019 AUG 26 PM 12:18  
TALLAHASSEE, FL

## 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