

L18000 169 375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

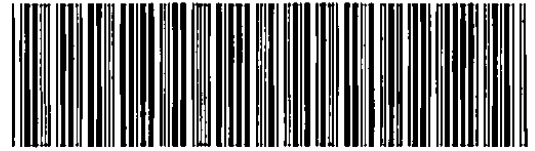
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FL to NY LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

John Sciascia  
(Contact Person)

N/A  
(Firm/Company)

9340 LAKE SERENO DR  
(Address)

BOCA RATON FL 33496  
(City/State and Zip Code)

For further information concerning this matter, please call:

John Sciascia at (516) 805-2612  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
~~\$25~~ Filing Fee ~~\$55~~ Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

CR2E079 (2/14)

over →  
1 of 2

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

John P. Sciascia

, hereby resigns as

Name of Registered Agent

Registered Agent for FL TO NY LLC

FL TO NY LLC

Name of Limited Liability Company

L18000169375

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

John Sciascia  
Signature of Resigning Agent

If signing on behalf of an entity:

John Sciascia  
Typed or Printed Name

\_\_\_\_\_  
Capacity

2019 SEP 20 AM 9:49

## 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withdrawn limited liability company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