

L18000232594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

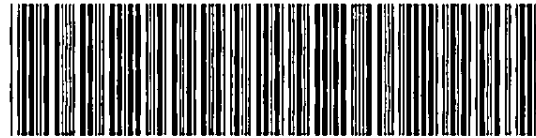
(Document Number)

Certified Copies _____ Certificates of Status _____

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money - mid \$30.00

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02/26/21--01023--003 **55.00
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2021 JUL 30 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FL

Re Resignation

AUG 11 2021

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Papi's Cafe 1 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:

Alexander Rodriguez Alonso
(Contact Person)

Papi's Cafe 1 LLC.
(Firm/Company)

2203 N. Lois Avenue.
(Address)

Gampa FL 33607
(City/State and Zip Code)

For further information concerning this matter, please call:

Alexander Rodriguez, at (_____) _____
(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

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

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TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 JUL 30 PM 4:52

July 21, 2021

ALEXANDRA RODRIQUEZ ALONSO
PAPI S CAFE 1 LLC
2203 N LOIS AVENUE
TAMPA, FL 33607

SUBJECT: PAPI S CAFE 1 LLC
Ref. Number: L18000232594

We have received your document for PAPI S CAFE 1 LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you still want this resignation on file with our office you will need to send in an additional \$30.00. The Fee for a Registered Agent Resignation for an active entity 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.

Diane Cushing
Senior Section Administrator

Letter Number: 721A00016933

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Ricardo Veliz, hereby resigns as
Name of Registered Agent

Registered Agent for Papi's Cafe 1 LLC
Name of Limited Liability Company

L18000232594
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.

Ricardo Veliz
Signature of Resigning Agent

If signing on behalf of an entity:

Ricardo Veliz
Typed or Printed Name
MD
Capacity

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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