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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

RA Resignation

APR 03 2020

D CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RACHEL ANNE VAUGHN LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000235851

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:

RACHEL ANNE VAUGHN

Name of Person

Name of Firm/Company

17455 NW 67TH COURT, UNIT B-17

Address

HIALEAH, FLORIDA 33015

City/State and Zip Code

RACHLE0575@yahoo.com

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

For further information concerning this matter, please call:

RACHEL A. VAUGHN

at (

786

857-4169

Name of Person

Area Code

Daytime Telephone Number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 MAR 18 PM 12:46

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

ALFRED F. ANDREU, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for RACHEL ANNE VAUGHN LLC

Name of Limited Liability Company

L18000235851

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:

ALFRED F. ANDREU, ESQ.

Typed or Printed Name

PRESIDENT/OWNER

Capacity

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 MAR 18 PM 12:46

## **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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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