

L19 000000 6680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

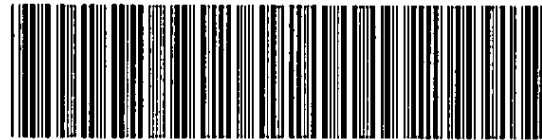
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2021 OCT 25 AM 6:27

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SB MERCATO LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L19000006680

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:

Kyle Kissane

Name of Person

Kissane Ventures LLC

Name of Firm/Company

28430 Hidden Lake Drive

Address

Bonita Springs, FL 34134

City/State and Zip Code

kpkiss2@gmail.com

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

For further information concerning this matter, please call:

Kyle Kissane at (630) 525-0092  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Kissane Ventures LLC

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for SB Mercato LLC

\_\_\_\_\_  
Name of Limited Liability Company

L19000006680

\_\_\_\_\_  
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:

Kyle Kissane

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

Manager

\_\_\_\_\_  
Capacity

### **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

**FILED**  
2021 OCT 25 AM 6:27  
SECRETARY OF STATE  
TALLAHASSEE, FL  
60

**Make checks payable to Florida Department of State and mail to:**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**