

L 19 000 130918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

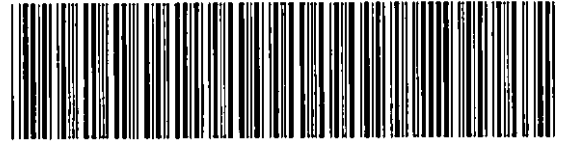
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

CARIZZO LLC

SUBJECT: _____
Name of Limited Liability Company

1.19000130918

DOCUMENT NUMBER: _____

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:

CHRISTOPHER ASTROM

Name of Person

CARIZZO LLC

Name of Firm/Company

5005 NW 37 PLACE

Address

GAINESVILLE, FLORIDA 32606

City/State and Zip Code

C_ASTROM@ME.COM

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

For further information concerning this matter, please call:

CHRISTOPHER ASTROM

786

2366433

Name of Person

at (_____) _____

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2024 11 15 11:08

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

PAMELA ASTROM

_____, hereby resigns as

Name of Registered Agent

CARIZZO LLC

Registered Agent for _____

Name of Limited Liability Company

119000130918

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 

Signature of Resigning Agent

If signing on behalf of an entity:

PAMELA ASTROM

Typed or Printed Name

REGISTERED AGENT

Capacity

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withdrawn limited liability company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