

L19 000 153258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

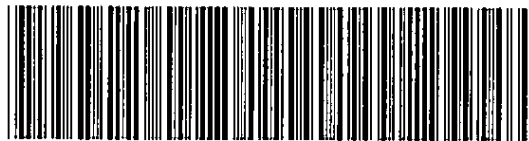
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
AUG 16 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Buen Morfi, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000153258

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:

Jessica Treto
Name of Person

Ser e Associates, PLLC
Name of Firm/Company

2100 Ponce de Leon Blvd #1150
Address

Coral Gables, FL 33134
City/State and Zip Code

Jessica@ser-associates.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Treto at (305) 222-7282
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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TALLAHASSEE
SECRETARY OF STATE

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

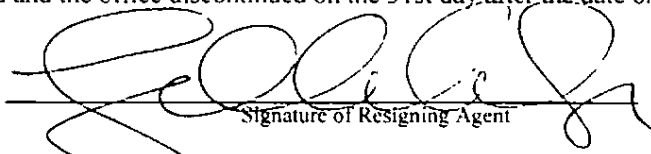
Sprad Associates, PLLC, hereby resigns as
Name of Registered Agent

Registered Agent for Buen Mouth, LLC
Name of Limited Liability Company

L19000153258
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:

LILIANA SER
Typed or Printed Name
MGR
Capacity

SECRETARY OF STATE
TALLAHASSEE, FL

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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