

L19000158136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

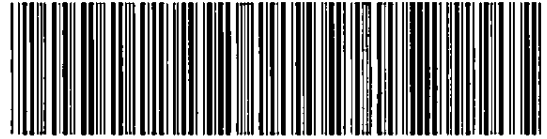
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
STATE DEPT OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Organic Food King

Name of Limited Liability Company

DOCUMENT NUMBER: L19000158136

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:

Tyler A. Mamone

Name of Person

MAMONE VILLALON PLLC

Name of Firm/Company

100 SE 2nd St. Suite 2000

Address

Miami, FL 33131

City/State and Zip Code

tyler@mvlawpllc.com

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

For further information concerning this matter, please call:

Tyler A. Mamone at (786) 751-0054

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

MAMONE VILLALON PLLC

as _____, hereby resigns
Name of Registered Agent

Registered Agent for Organic Food Kings LLC

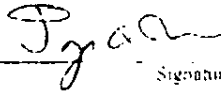
Name of Limited Liability Company

L19000158136

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:

Tyler A. Mamone

Typed or Printed Name

Partner

Capacity

FILED
2023 NOV 21 AM 8:55
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

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