

L19CCC 294265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

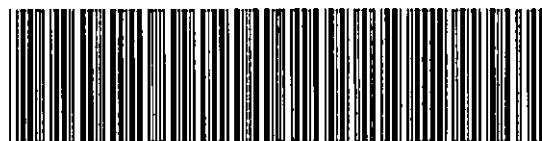
(Document Number)

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2020 JUL 27 AM 8:03

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113 - 3 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B & F Profusion LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L 19000294265

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:

Damian Ferrigno
Name of Person

B & F Profusion LLC
Name of Firm/Company

8220 NE 1ST PLACE
Address

MIAMI FL 33138
City/State and Zip Code

damianisreal100@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Damian Ferrigno at (786) 399 6986
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2020

DAMIAN FERRIGNO
8220 NE 1ST PLACE
MIAMI, FL 33138

SUBJECT: B & F PROFUSION LLC
Ref. Number: L19000294265

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$30.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 820A00011073

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

2017 27 AM 8:03

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

Romina Paola Ferrigno

Name of Registered Agent

, hereby resigns as

Registered Agent for

B & F Profusion LLC

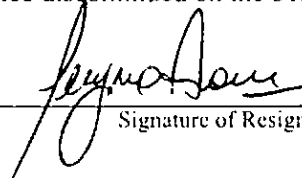
Name of Limited Liability Company

L19 000 294 265

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:

Romina Paola Ferrigno

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