

L200000008945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

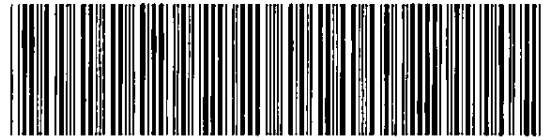
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900417134069

10/12/23--01024--025 **110.00

2023 OCT 12 PM 2:35

VUL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATALA COUNSELING, PLLC
Name of Limited Liability Company

DOCUMENT NUMBER: L20000008945

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:

KATHRYN DUMONT
Name of Person

Name of Firm/Company

905 S. MISSOURI AVENUE
Address

LAKELAND, FL 33803
City/State and Zip Code

katydumont1@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHRYN DUMONT at (863) 701-3501
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

KATHRYN ORDONIA

hereby resigns as

Name of Registered Agent

Registered Agent for ATALA COUNSELING, PLLC

Name of Limited Liability Company

L20000008945

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.

DocuSigned by:

Kathryn Ordonia

4A485027430A429...

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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

2023 OCT 12 PM 2:35