

120 000 109991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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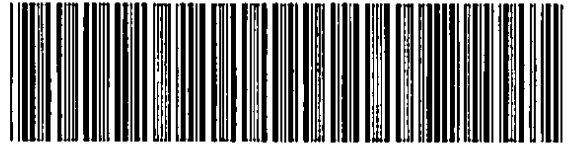
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMILAR  
DEC 07 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOUTHERNMOST FRESHCO, LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L20000109991

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:

MARIO PALAZON

\_\_\_\_\_  
Name of Person

SOUTHERNMOST FRESHCO, LLC

\_\_\_\_\_  
Name of Firm/Company

15438 SW 147TH STREET

\_\_\_\_\_  
Address

Miami, FL 33196

\_\_\_\_\_  
City/State and Zip Code

everfreshproducts@gmail.com

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

For further information concerning this matter, please call:

Mario Palazon

786

337-1128

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Monica M. Waterbury De Meo \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for SOUTHERNMOST FRESHCO, LLC  
\_\_\_\_\_

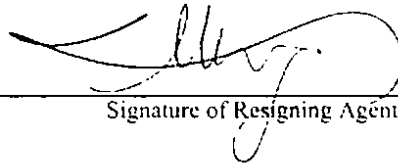
Name of Limited Liability Company

L20000109991  
\_\_\_\_\_

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:

Monica M Waterbury De Meo  
\_\_\_\_\_

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

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2021 NOV 17 PM 7:12  
SECRETARY OF STATE  
TALLAHASSEE, FL