

L20000121534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

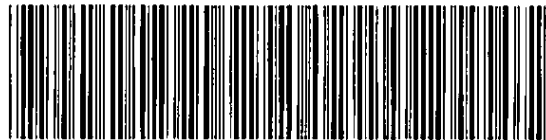
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COUSINS CAKERY LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L20000121534

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:

JAY LICARI

Name of Person

CENTRAL FLORIDA TAX SOLUTIONS

Name of Firm/Company

16331 MAGNOLIA BLUFF DR.

Address

MONTVERDE, FL 34756

City/State and Zip Code

jay@cfltax.net

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

For further information concerning this matter, please call:

JAY LICARI

at ( 407 ) 403-0008

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

CENTRAL FLORIDA TAX SOLUTIONS

, hereby resigns as

Name of Registered Agent

Registered Agent for

COUSINS CAKERY LLC

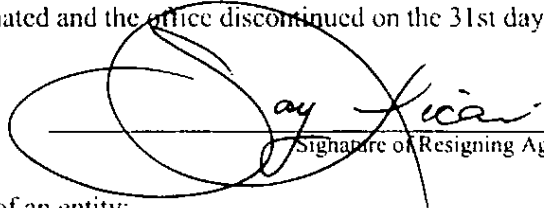
Name of Limited Liability Company

L20000121534

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:

JAY LICARI

Typed or Printed Name

OWNER

Capacity

FILED  
2023 SEP 18 PM 4: 56  
TALLAHASSEE, FLORIDA

## **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