

L 20000164104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

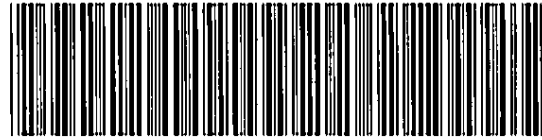
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Papa T'stack house, LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: 20000164104.

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:

Juan Gomez
Name of Person

Name of Firm/Company

14132 Sweetbush Ct.
Address

Brooksville, Florida, 34613
City/State and Zip Code

Aedecor.11c@gmail.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan Gomez at (813) 210-3031
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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SECRET
TALLAHASSEE, FL 32303



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Papa T's Stearhouse LLC.

2. The Florida document/registration number assigned to this limited liability company is:
6200002300903, 620000164104.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____

4. I, _____, hereby withdraw/resign as a
(Print Name of Person Resigning)

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

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SECRETARY OF STATE
TALLAHASSEE, FL

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)